DOCUMENT RESUME

ED 114 472 CE 005 113

TITLE	Proceedings of Management Workshop for Alcohol Safety Action Project Leaders.
INSTITUTION	Human Resources Research Organization, Alexandria, Va.
SPONS AGENCY	National Highway Traffic Safety Administration (DOT), Washington, D. C.
PUB DATE	Jun 71
NOTE	211p.; Edited transcript from a Workshop (Warrenton, Virginia, June 13-18, 1971); Portions of the illustrative material may not reproduce well in microfiche; For the Report of the Project, see CE 005 515; For the Instructor's Guide, see CE 005 116; and for the Project Director's Handbook, see CE 005 117
EDRS PRICE	MF-$0.76 HC-$10.78 Plus Postage
DESCRIPTORS	Accident Prevention; Administrator Education; *Alcohol Education; *Alcoholism; *Conference Reports; Law Enforcement; Program Descriptions; Program Planning; Safety; *Traffic Safety; Workshops
IDENTIFIERS	*Alcohol Safety Action Project

ABSTRACT

The workshop for Alcohol Safety Action Project administrators was held to help prepare project directors in the management of their projects and to identify their responsibilities and job tasks. It was also attended by National Highway Traffic Safety Administration (NHTSA) representatives to help in the orientation of the ASAP program. The full texts are included of the following papers and panel reports: NHTSA Contermeasures Program, National Programs, Research and Development, Chemical Testing, Identification of Problem Drinkers, Prototype Community Demonstration Programs on Reeducating the Drinking Driver, Public Education Programs, National Evaluation, NHTSA Legislative Program, Liaison--Public and Private Organizations, State and Community Programs, Action and Evaluation, The ASAP Detailed Plan, Evaluation Aspects of Detailed Plan, Law Enforcement Support for ASAP Programs, Judicial Support of ASAP, The Adjudication System, The Current Status of the Treatment of Alcoholism, Introduction to Seminar on Rehabilitation, Panel on Rehabilitation, The National Institute of Mental Health Program, Driver Licensing Countermeasures, Public Education Seminar, Contract Administration and Financial Management, Roadside Surveys, Evaluation Experiences and Relationships in the ASAP, ASAP Leaders/Experience Panel, Project Descriptions of New ASAPs, and Workshop Summary. (EC)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes ever effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects th quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS) EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made fro the original.

ED114472

SEP 19 1975

CE

PROCEEDINGS OF MANAGEMENT WORKSHOP FOR ALCOHOL SAFETY ACTION PROJECT LEADERS

Airlie House
Warrenton, Va.
June 13-18, 1971

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Conducted by

OFFICE OF ALCOHOL COUNTERMEASURES
TRAFFIC SAFETY PROGRAMS

National Highway Traffic Safety Administration
Department of Transportation

Prepared by

Human Resources Research Organization (HumRRO)
Division No. 1 (System Operations)
Alexandria, Va.

CE005118

PROCEEDINGS OF
MANAGEMENT WORKSHOP FOR
ALCOHOL SAFETY ACTION PROJECT LEADERS

Airlie House
Warrenton, Va.
June 13-18, 1971

Conducted by

OFFICE OF ALCOHOL COUNTERMEASURES
TRAFFIC SAFETY PROGRAMS

National Highway Traffic Safety Administration
Department of Transportation

Prepared by:
Human Resources Research Organization (HumRRO)
Division No. 1 (System Operations)
Alexandria, Va.

Preface

These materials were obtained by transcribing recorded presentations and discussions of the Management Workshop for Alcohol Safety Action Project Leaders held at the Airlie House, Warrenton, Virginia, June 13–18, 1971. This volume gives the National Highway Traffic Safety Administration program from an overall or national point of view and talks on approaches to individual countermeasures with the administrative activities involved in the projects.

A word of caution regarding the context in which these materials should be viewed. Some parts of the workshop were not particularly suitable for recording. This included several of the sessions for evaluators, and the planning development sessions. For several reasons the transcript is not always a verbatim record of the proceedings. Comments and questions from the floor often were not audible on the tape. In some instances the speaker's response was "touched up" so that it could stand independent of the introductory question or comment and then, for purposes of continuity, inserted at a logical point in the main text. In a few cases where comments or discussions became tangential material was deleted or a summary prepared and inserted as appropriate. For similar reasons, most of the jokes, although good, have been excluded.

It should also be noted that the sentence structure throughout is representative of the spoken language rather than the formal written language. Due to time considerations, revisions were made only when the phraseology seemed more likely to confuse than enlighten subsequent reviewers. Beyond these efforts, however, the text remains the basic product of the Workshop presentations.

Contents

Page

NHTSA Countermeasures Program
Willard Y. Howell 1

National Programs
Jerome A. Holiber 4

Research and Development
Dr. Robert Voas 6

Chemical Testing
A.E. Barrington 14

Identification of Problem Drinkers
Dr. Rudolf Mortimer 50

Prototype Community Demonstration Programs on Re-Educating the Drinking Driver
Harold Sackman 67

Public Education Programs
Dwight Fee 72

National Evaluation
Alfred Crancer, Jr. 75

NHTSA Legislative Program
Marvin H. Wagner 79

Liaison - Public and Private Organizations
William S. Foulis 85

State and Community Programs
Herschel V. Hawley 89

Action and Evaluation
B.J. Campbell 91

The ASAP Detailed Plan
Ernest E. Personeus 97

Evaluation Aspects of Detailed Plan
Alfred Crancer, Jr. 105

Law Enforcement Support for ASAP Programs
Martin M. Puncke 108

Judicial Support of ASAP
George Brandt 111

The Adjudication System
Kent B. Joscelyn 115

The Current Status of the Treatment of Alcoholism
Maxwell N. Weisman 119

Introduction to Seminar on Rehabilitation
Herschel V. Hawley 128

Panel on Rehabilitation
John L. Pendleton 130

Page

The National Institute of Mental Health Program
    Michael Roath 132
Panel on Rehabilitation
    William Z. Potter 136
Driver Licensing Countermeasures
    Richard H. Cook 141
Public Education Seminar
    Dwight Fee 151
Contract Administration and Financial Management
    Herschel V. Hawley 157
Contract Administration
    Joseph Amato 159
Financial Management
    Harold J. Selinsky 163
Roadside Survey in Charlotte-Mecklenburg
    Richard B. Williams 167
Roadside Survey in Washtenaw County, Michigan
    Lyle Filkins 169
Charlotte-Mecklenburg Project Experiences
    Richard B. Williams 173
Evaluation Experiences and Relationships in the ASAP
    Lyle Filkins 175
ASAP Leaders' Experience Panel
    Fred A. Wileman-Wisconsin 179
    William B. Farr-Oregon 180
    Lois Whitley-Colorado 181
Project Directors Description of New ASAPs
    Michael Edens, Columbia, South Carolina 187
    Ernest Brians, Little Rock, Arkansas 188
    Dr. Roger E. Hagen, South Dakota 189
    Don Nugent, Lincoln, Nebraska 189
    Ken Langland, San Antonio, Texas 191
    Barent Lanostreet, Fairfax County, Virginia 192
    Robert Boos, Kansas City, Missouri 194
    John Muir, New Hampshire 195
    Moya Easterling, Phoenix, Arizona 196
    George Courter, Oklahoma City, Oklahoma 197
    William Terwilliger, Baltimore, Maryland 199
Workshop Summary
    W.V. Howell 201

NHTSA Countermeasures Program

Willard Y. Howell

Willard Y. Howell is Director of the Office of Alcohol Countermeasures, National Highway Traffic Safety Administration, Department of Transportation. As Director, he is responsible for organizing and implementing the national program to reduce the major role of alcohol and other drugs in injuries and deaths on American highways. Mr. Howell has previously directed the Office of Plans and Program Implementation in the National Highway Safety Bureau, and was instrumental in developing and coordinating programs for safety research, motor vehicle safety standards, and other aspects of highway safety. He also worked on the staff of the Secretary of Defense, and for the Deputy Chief of Naval Operations. He graduated from the U.S. Naval Academy with a B.S. in engineering and received a Master's Degree in education and psychology from Stanford. He has also done graduate work at George Washington University.

I want to emphasize that our week here is a working conference. This morning several of us will lay out the general program from the Washington idea of it. Then, we want some give and take, particularly during the workshop sessions, and during the discussions with our Washington staff.

There might be some things that will come up during the week that will be contradictory. So don't take everything as gospel truth. There is going to be some discussion. It is going to be a give and take, particularly for those who are not on our Federal staff. It is for your information, and not necessarily "policy."

One thing that occurs to me is that we get so close to what we are doing in the Nassif building with the Alcohol Countermeasures Program—and I don't particularly like the name, but until we come up with a better one—that I think it is rather refreshing for us to jump back two paces and take a look at the overall program. In the first place it is an exciting one. Just looking around, we have people here from Maine to California, literally representing the whole country. It's a big country, about 210,000,000 people, and therefore, it seems to me, that the Alcohol Countermeasures Program is a very worthwhile program.

It's refreshing for instance, to talk to the Grey Advertising people in New York. You get with them and say "why are you people taking this contract on at no profit, no fee?" They say "because we have a lot of creative people up here. We have a lot of sensitive and feeling people and they get tired of selling soft drinks and furniture polish. They want to do something more worthwhile." We have in this program something worthwhile.

I know we are all kind of flip and blase, perhaps, but take a look at what we are trying to do. Is there anything that is more worthwhile than trying to keep people from getting killed, or perhaps something more serious, getting permanently crippled or maimed? As Bob Voas points out, and it is worth thinking about, heart trouble, stroke, and cancer are the pruners of the old, and to some degree the middle aged. Take a look at this program from the standpoint that the automobile is the killer and crippler of people in the prime of their lives, and alcohol and other drugs contribute heavily to this blood on the highway. This program is very important, and I am glad to see the excitment and the action being generated by it.

From where we stand, this program is oriented around results. We have had many months of speeches and newspaper articles, describing the wonderful things we are going to accomplish. I think we are arriving at the point where we want to start doing instead of talking. The end result will be lives and limbs saved. As we all know with the projects, we are going to measure. If we can't measure lives saved we are going to get proxy measures, but we do want to zero in on results; and if we're not getting results we are going to try something else.

Another thought that I would like to leave with you is that the name of this game is safety. It is not alcoholism, it is not treatment, it is not help-the-people-with-an-alcohol-problem. It is safety. We are out to save lives and keep the people from being injured on the highways. Now in this effort we hope to distinguish those drinking drivers who do have an alcohol problem and get them into some type of reorientation or rehabilitative processes. We feel this is necessary. It is an integral part of the program. But as you are working with public health and mental health communities, always bear in mind that HEW and NIMH are interested in alcoholism and in treatment *per se*, we are interested in highway safety.

All this sounds rather obvious, and yet we see indications from time to time where the emphasis gets placed a little too heavily on the treatment or the alcoholism angle and gets rather far removed from highway safety. Let's bear in mind that we are going to be spending American taxpayers' dollars that have been appropriated by the Congress for use in highway safety—not appropriated for alcoholism treatment. There are other dollars the Congress in its widsom may well appropriate for the very serious national problem of alcoholism, maybe appropriated for use in building up the woefully inadequate resources that exist now for treatment. The money we have, however, is appropriated for safety.

I would like to emphasize that we have structured a program in rather large scope. It is a little amorphous. We have done some thinking about it here. The people in our regions have done some thinking about it, and I think it's got some good solid meat in it. However, let's not kid ourselves. We are not smart enough to figure out all the answers. We are not close enough to be able to tell what is working well and what is not working well, in Portland, or Tampa, or Albuquerque. We are not on the ground, and we can't tell as well as the people who are there. We are looking again for results. We are looking for flexibility and some innovation. Now innovation is a nice platinum-plated word, but it means really put your grey cells into it. Do some thinking on your own. Don't just read the material that is put out by my office and say "Ah yes, on high has spoken, it says do A, do B, and do C."

Now some things are necessary because of Federal contracting procedures. Some of this stuff is carved into granite with contracting and financial arrangements and certain things we shall require. But if you have some new ideas, and you want to try something that you think will be effective, talk with us about it. Don't think that you have got a solid wall built around you because of what is now in a publication somewhere.

I think we all know what the problem is. We all know what we are trying to do about it. We have insisted on being consulted on the selection of the project directors and key staff. One reason we insist on this is in order to get some real talent— first, to get action and get the thing carried through successfully, and second, to get some brain power into it.

I think a new experience that some of the existing projects are encountering is the role of the Federal Contract Manager—Contract Technical Manager. Previously the States and communities have been exposed to administration of Federal grants, in some cases Federal contracts. Then, we started some projects that were Federal reimbursable contracts with management from Washington. By the sheer mechanics of the process then, our managers have been going out and visiting the projects, maybe once every six weeks. just as much ground as they could cover, and each one has a number of projects. As they go operational, the management shifts to the regional office, and the contract manager in the regional office is going to be working daily or at least weekly with you. So when this happens, don't think we are meddling more than we were before, that we are getting into your business. Like face it—when you have a contract technical manager in a regional office he is going to be with you almost continually. It means what it says, he is the contract manager.

I would like to make just one other point. There are going to be several other people here talking on various phases of the Alcohol Countermeasures Program. We have five major segments to the program. One is public education. You will be hearing more about that. Another major aspect is the research and development program. A third and very key element is the work with the States and communities in alcohol countermeasures. Now the ASAPs, we look upon as showcase catalysts. We want them to prove that the program will work and to show us how to get a program to work, and to work out all the problems that exist in the real world in a community when you are working with a dozen different police departments, and judges, and mayors, and agencies at state level, community level and county levels, and every place is different. Each one of these places has to work out the problem. But having said that, they are not ends to themselves. If we have a project in partnership in, for example, Reno, Nevada, (where there doesn't happen to be one) the object is to get results in Reno, but more importantly it is to get rolling across the state of Nevada.

Let me urge you to keep your state level people involved. Get them involved in this so that if something is working in Reno, you see the same sort of actions being taken all over the state of Nevada, or California, or North Carolina. What we are really after is specific strong action everywhere in the country, in every state, and clear across each state—not just in the specific ASAP areas. Those are the ones we are starting on, focusing on, concentrating on, but they are not complete ends in themselves.

Again, as far as I am concerned I have never been associated with anything that has more meat to it, with a promise of something—that you can do good for people. I think if we feel *that* we can move forward.

National Programs

Jerome A. Holiber

Jerome A. Holiber is Chief of the Division of National Programs, Office of Alcohol Countermeasures, National Highway Traffic Safety Administration in the Department of Transportation. These programs, concerned with the Federal—State effort to cut down alcohol—related deaths and injuries, include research and development, program evaluation, model legislation, public education, liaison with the private sector, continuing liaison with Federal agencies engaged in related activities, and training programs for personnel connected with OAC. Prior to his present appointment, Mr. Holiber was Chief of Demonstration Projects Division in NHTSA's Research Institute. The major thrust of the demonstration program was emergency medical services, driver licensing, motor vehicle inspection and Demonstration Cities and Counties. Mr. Holiber was born in New York and has a Bachelor of Industrial Engineering from Georgia Tech. He has done graduate work at George Washington University.

I am going to give a brief overview of the organization and personnel of my division. The Office of Alcohol Countermeasures is divided into two major divisions. Chuck Hawley is Chief of the State and Community Programs Division, and I am Chief of the National Programs Division. National Programs are those programs that are generally universal in scope and which are aimed at the population at large rather than at a specific segment in a particular state or community.

The public education program, for example, is one of our broad—gauged measures. In conjunction with the National Institute of Mental Health, we are contracted with the Grey Advertising Agency of New York and Chicago for the development of a campaign to increase public awareness and understanding of the magnitude of the drunk driving problem in America today. Dwight Fee of my division, oversees all of the public education activities for the Office of Alcohol Countermeasures. Dwight is assisted by Marjorie Rone, a writer—editor, and is helped by Ed Reiley who is also a public relations man. Dwight will appear on the program, and will detail to you the public education plans.

In addition to public education, the Division of National Programs is also responsible for the Research and Development requirements in alcohol and drug use related to driving. It is also responsible for the total program evaluation, that is, evaluation of all 40 ASAP's and of the National Alcohol Program. It is responsible for development of improved judicial procedures and model legislation, responsible for liaison with the private sector of American industry and with other federal agencies in relat[illegible]asks of our alcohol program. Lastly, it is responsible for insuring implementation of [illegible] training program for alcohol— related personnel. Bob Voas, who is Deputy, will describe the R&D Program in detail.

Marvin Wagner, our legislative specialist, will talk with you later on to describe our nationwide plan to upgrade alcohol-related driving laws in areas such as implied consent, presumptive levels of intoxication and possibly pre-arrest breath testing. Marv will also discuss what we can do to directly assist all of you in your own ASAP. Evaluation, a must in determination of the practicability of each individual countermeasure of each ASAP and of an entire national program, is the responsibility of Al Crancer. His objectives are to determine the overall effectiveness of the ASAP approach, and to develop and implement a management information system at the National level for reporting significant progress and problems in the 40 ASAPs with appropriate feedback to directors and evaluators. Finally, a continual assessment will be made of the total national alcohol program.

Our liaison activities between the office of Alcohol Countermeasures and the public and private institutions are managed by Bill Foulis of my Division. An an example of these activities, Bill recently handled two conferences in Washington that were of considerable benefit to all involved. This past April the North American Association of Alcoholism and the National Association of State Mental Health Program Directors met at a seminar and were exposed for the first time to the National Highway Traffic Safety Administration's Alcohol Program. In January, O.A.C. piloted a forum for presidents and delegates of over 120 National Women's Organizations representing nearly 45,000,000 women. Bill Foulis will speak on our future liaison activities.

Actually my own job as Chief of the Division, under the direction of Bill Howell, is to oversee the programs that I have described and to be certain that my Division maintains a maximum level of responsiveness to your needs.

Research and Development

Dr. Robert Voas

Dr. Robert Voas is Deputy Director, Office of Alcohol Countermeasures. He is concerned with the development of a comprehensive countermeasures program in Alcohol Safety. He received his Bachelor of Philosophy degree from the University of Chicago, and his BA degree, his MS degree and his Ph.D degree (in Psychology) from the University of California at Los Angeles. Dr. Voas assisted Project Mercury management in selection of the Nation's first astronauts and was responsible for coordinating the training program which prepared the seven Mercury Astronauts for their space flights. Dr. Voas is a member of the American Rocket Society, American Psychological Association, Human Factors Society of America, the American Association for the Advancement of Science, and Sigma Xi.

Let me begin by saying that research and development is somewhat a misnomer for this section of the program because actually it involves research and development and direct support to other elements of the Alcohol Countermeasure Program. The operational support portion develops manuals and other tools for use in the ASAP. Some of these you have had a chance to see as they were being developed, and as the program has been getting underway. One example of operational support is this particular conference put on by HumRRO.

Our operational support program, supported in part under the Research & Development Activity is intended to provide materials which can be directly useful to those of you who are involved in ASAP programs. One of the principal efforts under this is a contract to HumRRO to provide a manual for our project directors. You all should have received an advance copy of this manual and we would like very much to receive your comments. These manuals will be updated as time goes by. Secondly, we have an evaluation manual which you have all seen in various forms. It has been gradually produced, (some would say aborted) step-by-step, but I think that we now finally have a manual that does pretty well cover the subject, though this is one of the most difficult areas. The evaluation manual has been particularly difficult because while we wish to give a good deal of leeway for individual project development of evaluation procedures, we are also trying to provide some guidance. That turned out to be a difficult matter, to make it both general enough and specific enough to be useful. With Al Crancer and others in this conference you will hear a good deal more about that.

Now besides these two specific programs that were intended to be for the ASAP use itself, there are a number of other manuals that are now on the way that I would like to tell you about. First of all we have three manuals on court procedures. These will be coming out in the Fall and you should begin to get copies of them. We have provided copies of some of the initial materials to you already. The University of Indiana is doing a survey of what the courts are doing now about handling the problem drinker. You have seen a preliminary report on this effort and Kent Joscelyn will talk to you some more about it. This program has involved Kent Joscelyn and Don Goldenbaum.

This is an example, that I would like to call attention to, of a general feature of the materials that you are going to be getting. You will notice that a number of these reports are critical about some elements of the programs that are underway. They may not all reflect the party line precisely, if there is a party line. But we are going to send them to you as they come from our contractors, without necessarily editing them to specifically fit them into a party line. So, for example, the Indiana report is quite critical of Antabuse programs. This does not represent a directive from our office that you should not try Antabuse programs. Rather we are trying to give the picture, as this contractor sees it, of a very controversial topic. Those projects which have people who want to be involved in Antabuse should use it because we think that we need to know more about it; we think that it can be an effective program. But much of the research materials that you get will be critical of one or another kind of program. Another example, not produced by us but which is coming out to all of you, is a report from the Insurance Institute on the use of small tube testers. You will see that that's rather critical of those tube testers. In the opinion of some of us it slightly misses the mark because it compares these tube testers against the breathalyzer and blood tests. They were not intended to collect detailed data of that sort for court use; bur were intended rather for educational purposes or possibly for roadside screening where lower validity and reliability can be accepted. However, the report is sent out to you at this point without comment though we may be commenting to you through our OAC staff notes and by other means. So you are going to get information which appears to be critical or negative or questioning about many elements of our program. It is important when you receive these materials that you understand them as the products of the research program and that you don't view them necessarily as any sort of directive from our office.

The official policy direction will come to you through your contract technical manager, who initially, for those of you in our 20 new sites, will be a person here in Washington. After you are underway, this responsibility will be transferred to one of our regional offices. If any of this research material confuses you or causes questions, the correct procedure is to contact your contract technical manager and get a policy statement. Also, if you have any technical comments or if you would like to challenge these results, we would like to hear them here in Washington, and you should feel free to communicate directly with the project director or project scientist and give him your comments.

We will be sending a number of these reports directly to you. Treat them as research reports and use them as best you can. One other point—we send these to the project director. Frequently, however, they are of special interest to the evaluator or some other person in the project. We count on the project director to make sure that his staff sees these, which I understand does not always happen. We do not have enough copies to send to all staff members on each project, so if you as project directors receive one of these, please make sure that it is circulated. Also pass on the word, that these reports are not necessarily policy directives.

We spoke of the program at the University of Indiana, that is to come up with a manual or booklet that will describe what courts are doing now, have been doing, and that will make recommendations for the best procedures for handling problem drinkers who come before the courts and who are convicted of driving while intoxicated. This is the general handling procedure.

A second unit in this program is a manual on the identification of the problem drinker. Who is the problem drinker? How do you tell him from someone (let's call him the social drinker) who has a first and only brush with the law—who just happened to be

13

unlucky? We have, at the University of Michigan, a program to develop a system for identifying these individuals through a questionnaire, which the individual fills out—a self report questionnaire, an interview, and a record study. This is being developed to be used by the probation officer or the para-professional specialist—not by psychologists or physicians. This manual is also well under way. There is a farily good system that is being developed, that looks promising from the initial data. You will learn more about that later this week and you will receive a copy of the current version of that manual.

The third program relates to retraining the problem drinker, after he has been in court, has been handled properly there, had a pre-sentence investigation and has been identified through our testing procedures. The University of Southern California is developing a model retraining program. We mailed out to you earlier, the first chapter of that manual by Dr. Sackman, who will discuss the development of retraining programs. These are not treatment programs as such. These are not alcohol rehabilitation. They are the kind of treatment and driver assistance programs that might be set up by the courts.

You have these three activities all producing manuals which, hopefully, can be immediately applied in your project. These manuals should all be coming to you at least in rough draft form in the next few months so that they will be available before your project goes operational.

There is also a manual being developed in enforcement as part of our contract with the International Association of Chiefs of Police which will represent their experience from having worked with our projects. They made visits to the 20 new ASAP sites, and we have asked them to embody this experience and their own background into a manual for your use.

In addition, other support is in evaluation, for example, in the National Record System which will be developed here, the data which you send us from the project will fit into a national picture of progress in drinking and driving and reduction of crash injury. We are also doing some evaluation work of the National Public Education Program to be conducted by Grey Advertising and by the Washington office. These then are support activities that are directly intended to assist you. An example of another kind of support activity is consultant support such as visits by the International Chiefs of Police to your site and their reports to us and you.

Now if we can turn to research itself. We have had some difficulty persuading our administration and our Congress, that research in alcohol and highway safety is still required. There is a general feeling that we know all we need to know about alcohol. We know that it seems to be involved in 50% of all fatalities and that's all we really need to know.—Now we can go at it. Actually, of course, we have to have a good deal more information, if we are to frame specific countermeasure programs, if we are to come up with specific activities and programs to combat the problem. So we have been going through an exercise here to try to plan for five years ahead, a long range research program, which will continuously feed in new products to our countermeasure effort. In a moment I want to speak of some of these, because those of you who are project directors should keep in mind that there will be new items coming along the line which you might put into your project at the second or third year if not the first year.

First a word to illustrate how we are developing these programs. We are breaking down the problem of countermeasures into major areas: prevention, enforcement, adjudication, retraining, evaluation. And for each of these areas we are attempting a step-by-step analysis of where we stand now and where we need to go. The following figure is an example of the enforcement segment of this program. We have used what we call a cause tree analysis starting with step one, the problem of detecting the drunk driver on the road. First we need to identify some sort of a driving pattern, for instance, speeding, weaving, or some other kind of sign that calls police attention to the driver. Then, of course, we must have a police cruiser available. These must see the symptom and pull the

Enforcement: Cause Tree Analysis

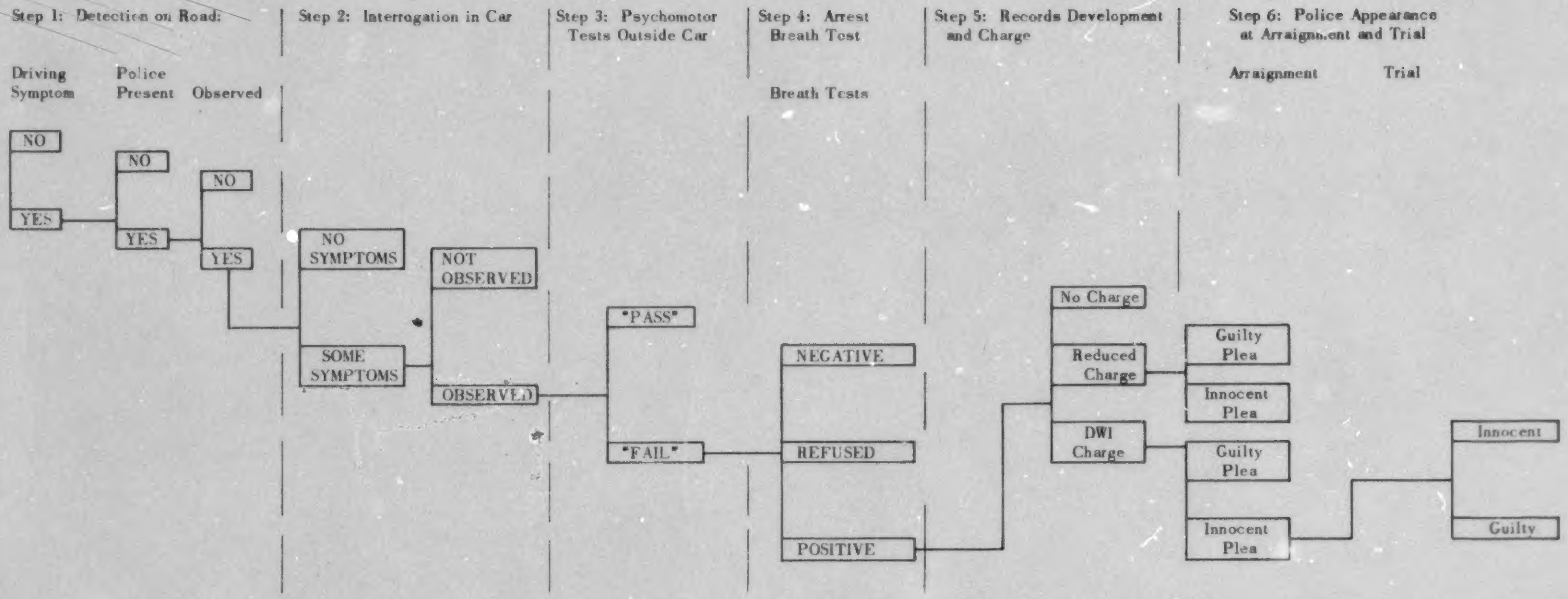


Figure 1

individual over to the side of the road. We then move on to step two. The policeman goes over to the car and begins to interrogate the driver while looking for signs of intoxication, lack of coordination in getting to the wallet, slurred speech, smelling of alcohol, and any other kind of sign that there may be a drinking problem. These signs are of course, not very well defined. If the police officer has a reason to believe that the individual has been drinking, we then go on to step three. The driver is asked to step outside the car and maybe go through some coordination tests. So it goes step-by-step through the arrest procedure.

We are trying to look at each one of these steps and ask the question, how do they do it now? How could this system be improved? For example, take this first step, the driving symptom. We all know, there are a number of symptoms which the police regularly use. Some of these have been listed by the California Highway Department, for example, going too fast or alternately, going too slow, driving in mid-winter with all the windows open, and various other signs. For the most part, these are collected out of the experience of enforcement officers and there has been no research to define which of these symptoms really correlate with the presence of a high BAC in the driver, which have the highest probability of identifying the drunk driver. We hope this next year to sponsor some studies in which we will try to look in greater detail at these symptoms and try to correlate them with the probability of a high BAC.

The same is true in step two. There is a study in a current Swedish report on the ability of police officers to detect drinking drivers by an interview at the left hand window. The task for these police officers was to detect someone who was at the .05 level in order to require that they take one of the tube tests. The results indicated that for drivers between .10 and .15, 40% were not challenged by the police officers, that is, in 4 out of 10 cases they failed to detect that the individual had been drinking, even though the blood alcohol level was over .10. This is another indication of the need for screening devices like the tube testers, but this is a better use for the tube tester than some absolute measure like the blood alcohol test or like a breathalyzer test. Well so we can go on through each area of our research program.

I don't have time this morning to describe to you all of the various programs we have isolated and defined. I would like to ask you to think about your own activities, and help us in defining this program by giving us suggestions in these various steps, in enforcement, adjudication, retraining, and so on, in which we lack the research data and the research tools that we need for our program. Without trying to go through all of these, I would like to call to your attention some specific items that will be coming up that you, who are project directors, might be able to use in your projects in the next year or two. We will try to provide you with the total plan when we have finished it in Washington, and will invite your comment, where it could use improvement, where you feel that it is deficient, because we need to get our research background support for your operation improved and supported in both Congress and with the Administration.

Now what are the products that you can look forward to that might be helpful to your program in the next year or two? These are not necessarily going to be available by the time you start your program. Well first of all, talking about prevention we have two major kinds of areas: our Public Education Program, and our Education Program Through the Public Schools. Dwight Fee is going to speak of the Public Education Program later so I will not say any more about that. There will be a number of materials coming from our national contractor, Grey Advertising, which can be implemented in your program. In the education area we are developing some materials which can be used in your schools. Many of them should be relatively inexpensive to implement so that whether or not you currently intend to have an educational portion in your particular project, you might want to consider getting one established during this planning period.

First of all for the standard driver education courses, which occur in the sophomore level in high school, we are developing some special alcohol safety material. These materials will be ready by September, and we will make available to each of you who are project directors, these materials in one copy and then if you wish to use them, we'll be able to make arrangements for multiple copies for your schools. The schools will have to purchase these materials which include curriculum guides and training aids.

Another course that we are working with is a course for the senior level in high school built around the discussion technique, making use of an interesting motion picture technique called trigger film which has been developed at the University of Michigan. This course will be embodied in a teacher's manual and in some training films for training teachers to use the technique, and a set of the trigger films. These trigger films cover areas of emotional involvement with driving for the high school senior level individual. About 4 out of 10 films are directly on alcohol. The others are on emotional problems, but the whole package fits together with the kinds of problems that young drivers face. This will also be available by September.

Now another program that is underway, which will not be available for at least a year, is a program to develop materials on alcohol in relation to highway safety for kindergarten right through the twelfth grade. These will be materials and training aids which can be inserted in various courses, social studies, family life, whatever, right from the early primary grades on up through the high school level. Surveys of school children have indicated an interest in alcohol as early as the fourth grade and we are going to try to put some of these materials in early and make it a part of the overall curriculum. We are also looking at what can be done at the college level. Grey Advertising will be helping us here in terms of trying to go through college newspapers. We don't have anything immediately underway there, but we hope in the near future to be able to get to this age group, because it is the 18 to 25 driver who is mostly involved in alcohol and in crashes, because he is a high risk driver both with and without alcohol during this period.

Moving into the area of the enforcement, perhaps the most useful thing to you and the most immediately likely to have an impact on your project, is a program that is going on up at the Transportation System Center to develop a breath tester for use in roadside screening. Those of you who have received a little Insurance Institute study on the tube testers know of some of the inaccuracies there. This device which Transportation System Center had developed could not have come along at a better time. It is fully automatic. You push the button and blow. It reads out digitally in blood alcohol level. It will market at about $300. It is completely reusable, portable, can be carried around by a policeman on his person, or in the cruiser, and it can be used for roadside testing. We will be getting that into production, if all goes well. I should insert a note of caution here, it has not yet gone through field tests nor has it gone through some of the life use and reliability tests which it must pass before it will be ready for operational use. Right now we expect that by January of this coming year we will begin to have these available in quantity for enforcement purposes. Those of you who have, or will have, a State roadside screening law test may want to strongly consider the possibility of using these devices in your area. We will be in a position to provide examples of them and to come out and give you a run down of how they operate by January. These I think can be a good deal more accurate and effective than the tube testers and if we now get into a hassle about the tube testers you may want to keep in mind that a more accurate device is coming down the pike.

I would like to just mention in passing here the one other item, the vehicle interlock, that is being developed at the Transportation System Center. This really fits in either under prevention or retraining programs. As you know, this is a device, which goes on the car which prevents the starting of the car if the individual is intoxicated. There are two types, performance tests, on which you must push buttons or have a reaction time test or some other procedure, and direct chemical test measurements, the breath tester. Both are under development. Both have some promise. Both have a great deal of problems. The problems lie not only in getting something that is accurate enough so that it will prevent someone over say .10 from operating his car, but also will not prevent that same person from driving his when he happens to get a little excited. When the system is placed on the car by the court, there is a tampering problem, — will the individual try to circumvent it? There are many other operational problems such as what do you do about the wife who also drives the car. If my teenage daughter has to blow into a tube when driving her buddies around in my car there may be some question as to why she is doing this, and she may have to admit her old man is a drunk. There is this kind of problem with all of these devices and, we're going into some field testing of these in this coming year.

We may have some opportunity for those of you who would like to try these devices out in your project as a condition of probation through your courts. I would say that we are a year away from being able to do that at best. I think that there are going to be number of problems with this, but it may be worth a try. It certainly creates a lot of interest and if nothing else, it can be part of your public interest, public information project because there is always a great deal of press interest in these kinds of devices and we may find some that work well enough to be useful. We are also looking at ways that they might be implemented voluntarily. As an example we might get insurance companies to give a rebate as they did for driver education to young drivers who put these on their cars. The advantage of this kind of procedure would be to permit the device to be installed under circumstances in which it would not be a negative factor but would be a positive factor in the car. So we're looking at various approaches to the use of these devices.

Moving on from the enforcement to the court programs. I have already mentioned the court procedure manuals. We are looking for better, quicker, easier, diagnostic procedures for the courts. We've been searching for the grail—a nice physiological blood test to diagnose individuals with problem drinking. That doesn't seem to be in the near horizon at all. We are looking for ways to streamline court procedures, to try to avoid some of the delay, to look for ways in which we can get the problem drinker into treatment without long court procedures.

In retraining we are going to be looking specifically at the effectiveness of the current rehabilitation programs in reducing the crash probability of drinking drivers. There is a good deal of concern, about approaches which stress rehabilitation of the problem drinker from the standpoint that rehabilitation is a very difficult and questionable process. However, they are much more successful than they generally are given credit for. It always depends on how you define success in rehabilitation. We want to look for the specific area of interest in the problem we are dealing with—the rise of crash probability. We want to see whether after a court referral for treatment—either during treatment or after, the individual does drink and drive less, his crash probability is reduced. We believe that it is possible that the crash probability can be reduced, whether or not the individual is fully rehabilitated with regard to his drinking problem. For example, drinking could be managed differently if he drinks near home or in the home rather than for example downtown somewhere where he must drive home.

Finally in the area of evaluation we are looking for new evaluation techniques. We'll be trying to update the manual for you and we will be trying to provide for you a background on what is happening nationally in terms of drinking and driving.

Let me finish this part on research with just a mention of the problem of drugs. In alcohol, we are at least a quarter of a century further ahead in research than we are in drugs, at this point. In part it is because drugs are such a massive problem. There are so many of them in comparison to alcohol and chemically, physiologically, they are so complex. We cannot, in most cases, measure quantitatively many of the drugs of interest in bodily fluid. We have not measure at all for the hallucinators, notably marijuana. We have no background data on the proportion of the driving population which have these drugs in their systems. We have limited information on the number of crash drivers who have had some of these drugs. Since we don't know how many drivers not in crashes have this level of drugs, we don't know whether these drugs significantly contributed to the crash or not. So we are going into a basic research program, if I can use that term, in at least the major drug areas, to try to bring up the status of our ability to measure, and our knowledge to nearer that of alcohol. In the meantime, I think that we can say that alcohol looks like a much bigger problem on the highways than any of these drugs, at least in terms of the very limited information that we have right now. One other point of interest is that in the studies to date, of those crash involved drivers who have been tested for drugs, about 50% have enough alcohol in their system to be rated as drunks—over .10. So if we can get the drunk driver off the road, we may take a good deal of the drug problem off the road in terms of the overlap. I think that this may be true even of the young driver though the popular stereotype is that alcohol is not his thing—that his thing is marijuana.

A final word about manpower development, we have a number of programs coming along the line designed to help develop workshops for judges, for probation officers, and for other personnel in this process of Countermeasures Program. There are two programs this summer to which we will be inviting many of you. One is on safety management. We took a look at the background of those of us in the office of Alcohol Countermeasures, in our Regional Offices, and those of us in the projects and we decided that there were at least three background areas, in which we all needed knowledge. One was the specific Alcohol Safety Action Program procedures. We are trying to handle that at this conference. The other two were in safety management activities. A number of people in our program do not have highway safety background, but perhaps some other management background or a background in the field of alcoholism. In order to meet the needs of these people for some background in the highway safety management field, we have contracted with New York University to present four, four-day workshops during August of this year. Two of these will be in Washington, one in the Mid-West, and one in the Far West. Many of you will be invited to come to those four day conferences to get this background in safety management. We have also contracted with Rutgers University to put on an alcoholism workshop, three of these in the later part of September and the early part of October. One of these will be in Washington, one in Kansas City, and one in San Francisco. Again, those of you in the alcoholism field may be invited to come to these workshops. These are intended for your use and background in developing your programs. We hope that by the end of this calendar year we will have programs underway, available to you and for judges and other special personnel in your project. I won't try to go into detail on those. In general, we do not sponsor the training program so the two I just spoke of are different from that procedure. In general, what we do is develop the curriculum and count on you and the local areas to actually sponsor the program and bring the people in for training.

Chemical Testing

A.E. Barrington

Dr. Barrington has served as Chief of the Environmental Measurements Branch, Biotechnology Division, Transportation Systems Center, Cambridge, Massachusetts, since July 1970, where he is responsible for developing alcohol analyzers. For the past ten years his major interest has been in developing analytical instrumentation, first for NASA and recently for DOT. Dr. A.E. Barrington graduated in Electrical Engineering at the University of London. He has taught at London and Harvard Universities and directed research and development in industrial and government laboratories. He is the author of the book "High Vacuum Engineering," 40 technical papers and reviews, and is contributing author of two books and a senior member of IEEE, the American Vacuum Society and is listed in American Men of Science.

Figure 1 shows what has been mentioned already, namely, that over 50% of the drivers who were fatally injured in single car accidents had a pretty high blood-alcohol content. Now the definition of this term is milligrams of alcohol per CC of blood, so, as you will see in one of the next slides, corresponds to the order of 7-10 ounces of hard liquor in a 180-pound man within two hours of the accident. So these are not just social drinkers, these are heavy drinkers that we are talking about.

Figure 2 comes out of the same report that I got from Bob Voas some time ago, and it shows you the blood-alcohol level. There are three stages of blood-alcohol levels: .15 which is even higher than .1. The white areas correspond to .01 to .09. The .15 level particularly in the 29-39 age group is extremely high. So both of these Figures show that we are not dealing with a trivial statistical situation.

Figure 3. This is a picture that I think everyone should learn by heart almost because it is a quite startling situation. Now take the State of Massachusetts, the legal limit of intoxication is .15% and for the 180 pound man this is 11 ounces of whiskey. For a 200 pound man it is more. And of course, the lighter the person, the less the tolerance and the higher will be the amount of alcohol in the blood.

Figure 4. Now this figure came out of the same report. All I want to point out is, there is a very complicated process at the present time between the arrest of a driver under the influence of alcohol and his final conviction. One of the major problems is the inadequacy of facilities for chemical testing. We are trying to locate a situation and see what can be done. The basis for all this is a marvelous engineering design called the human body. I would say that nature must have really known what it had in mind when it came up with this design.

Figure 5. You will see in this figure that there is a beautiful relationship between the amount of alcohol in the breath and the amount of alcohol in the blood. There is a

Action Program: Alcohol Safety Countermeasures

BLOOD ALCOHOL ABOVE 0.10% AND FATAL ACCIDENTS

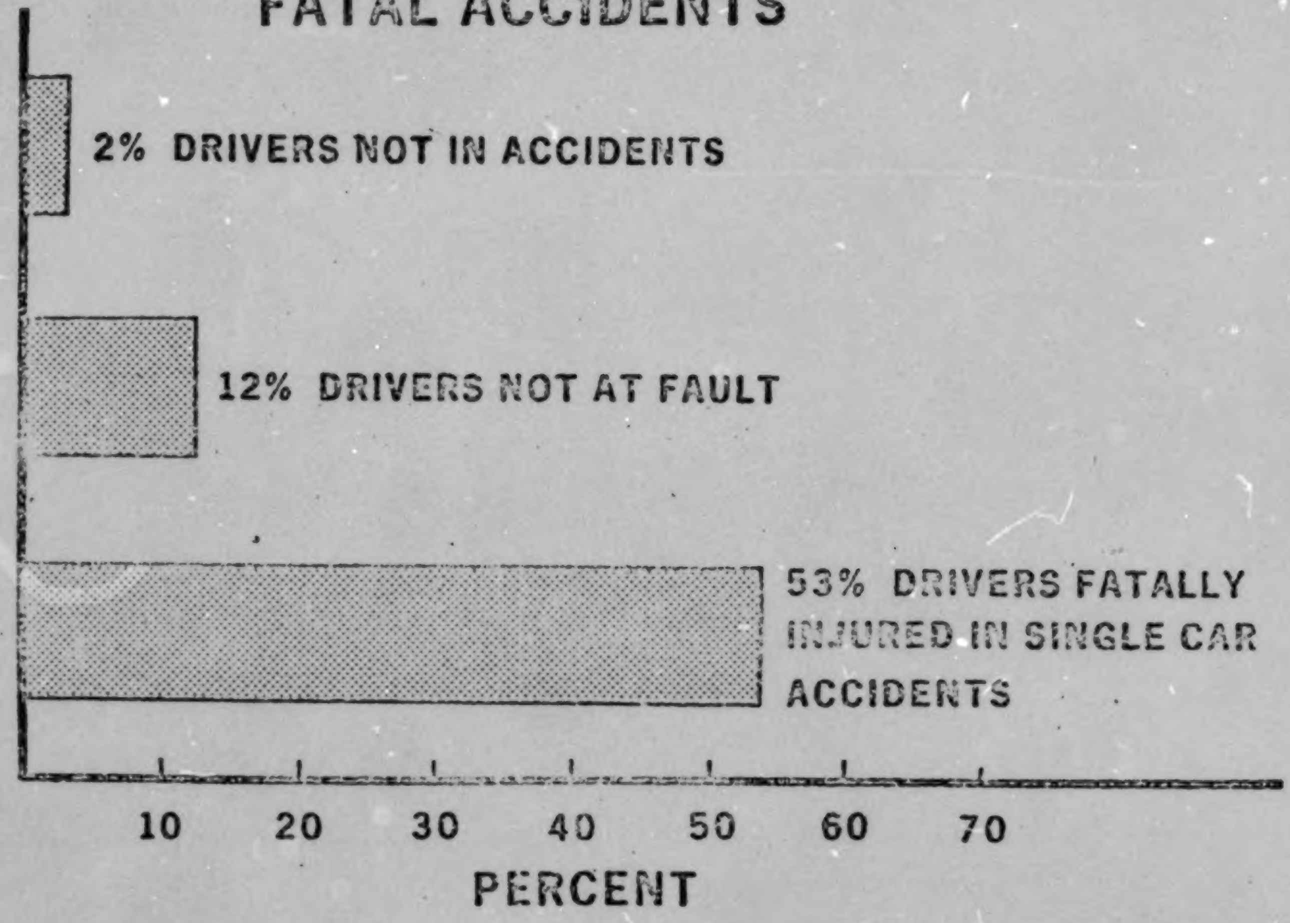


Figure 1

BLOOD ALCOHOL LEVEL IN FATALLY INJURED DRIVERS AT FAULT AND NOT AT FAULT

(Baker, Johns Hopkins 1969)

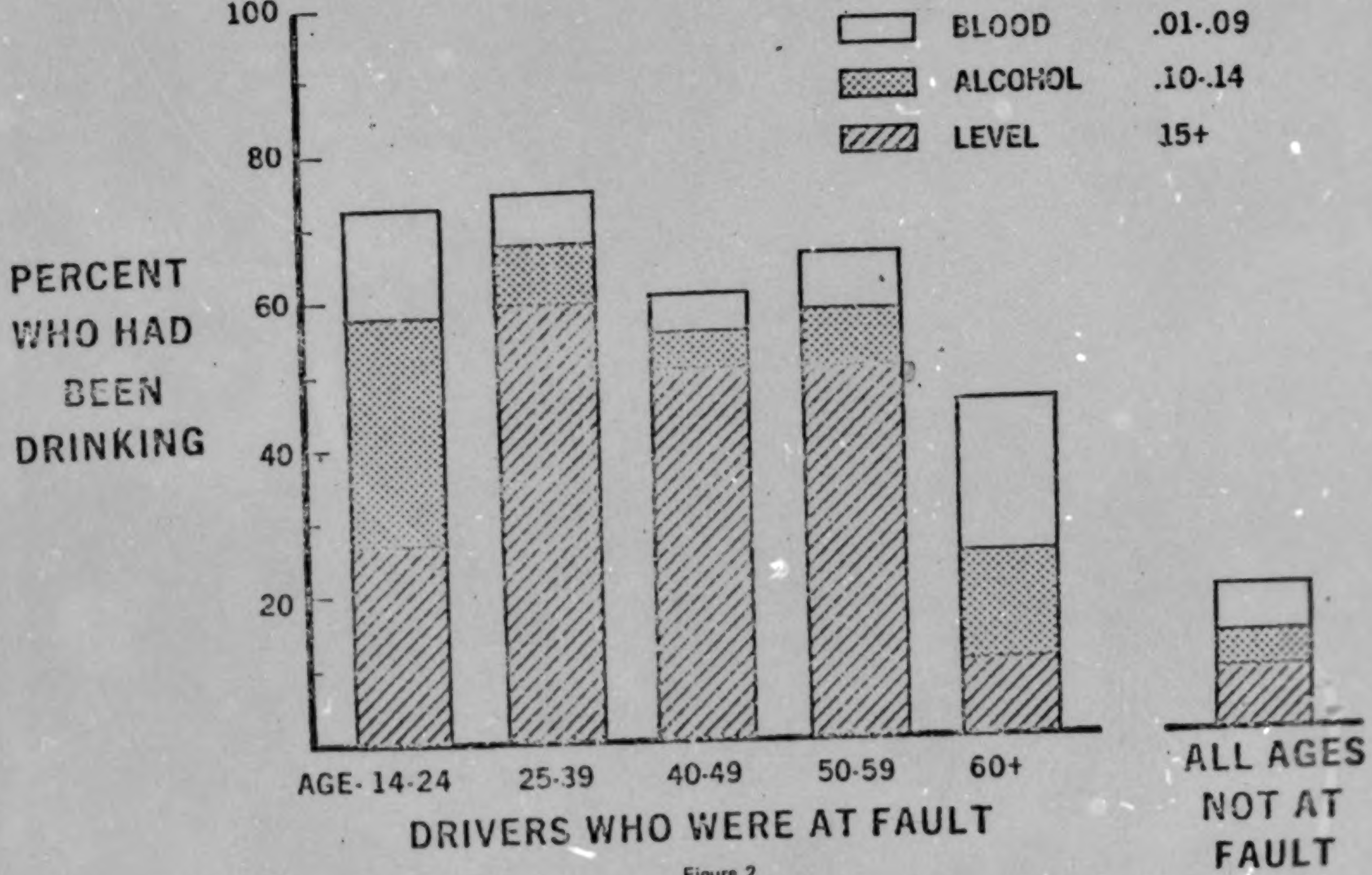
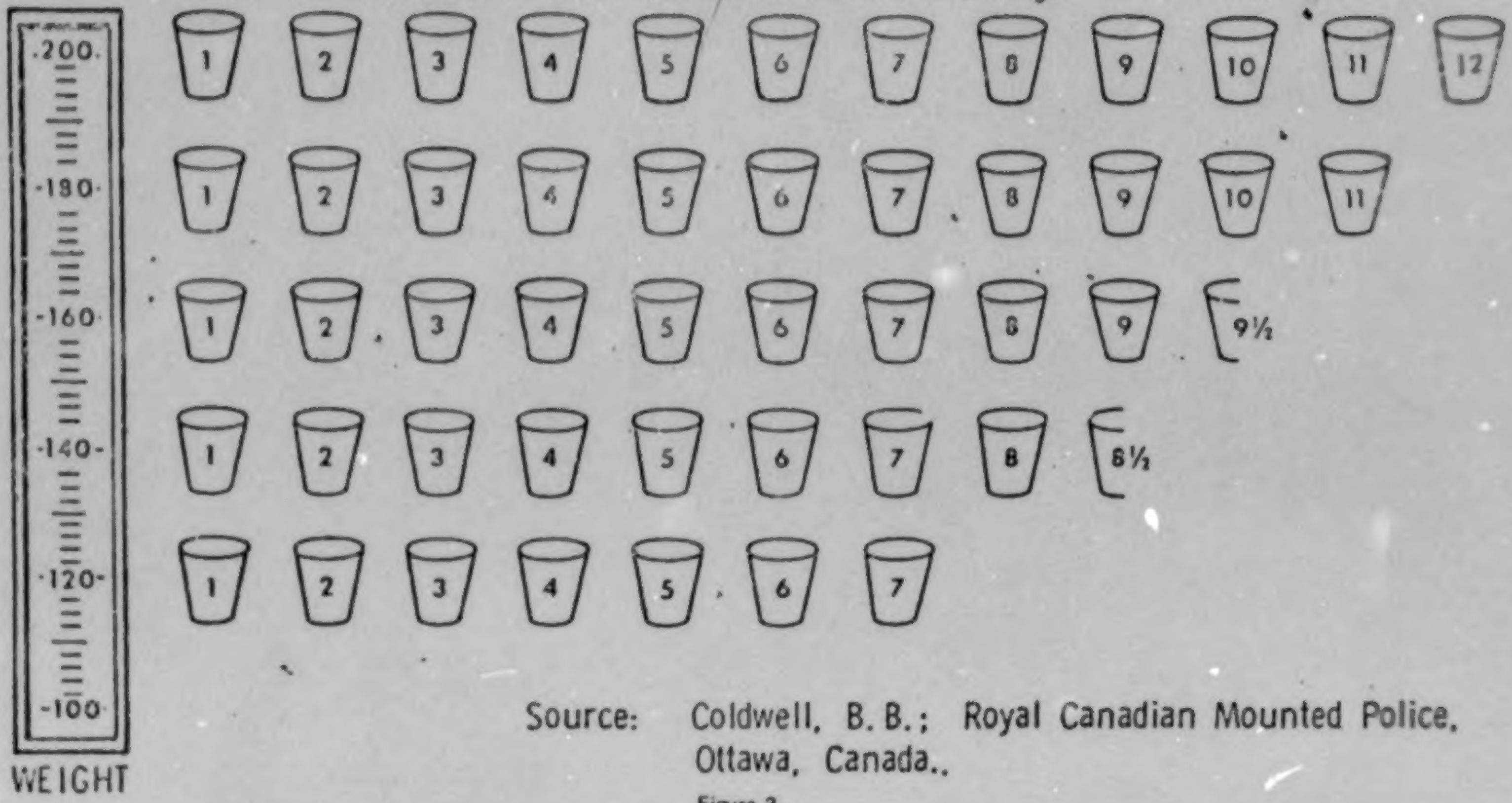


Figure 2

Action Program: Alcohol Safety Countermeasures

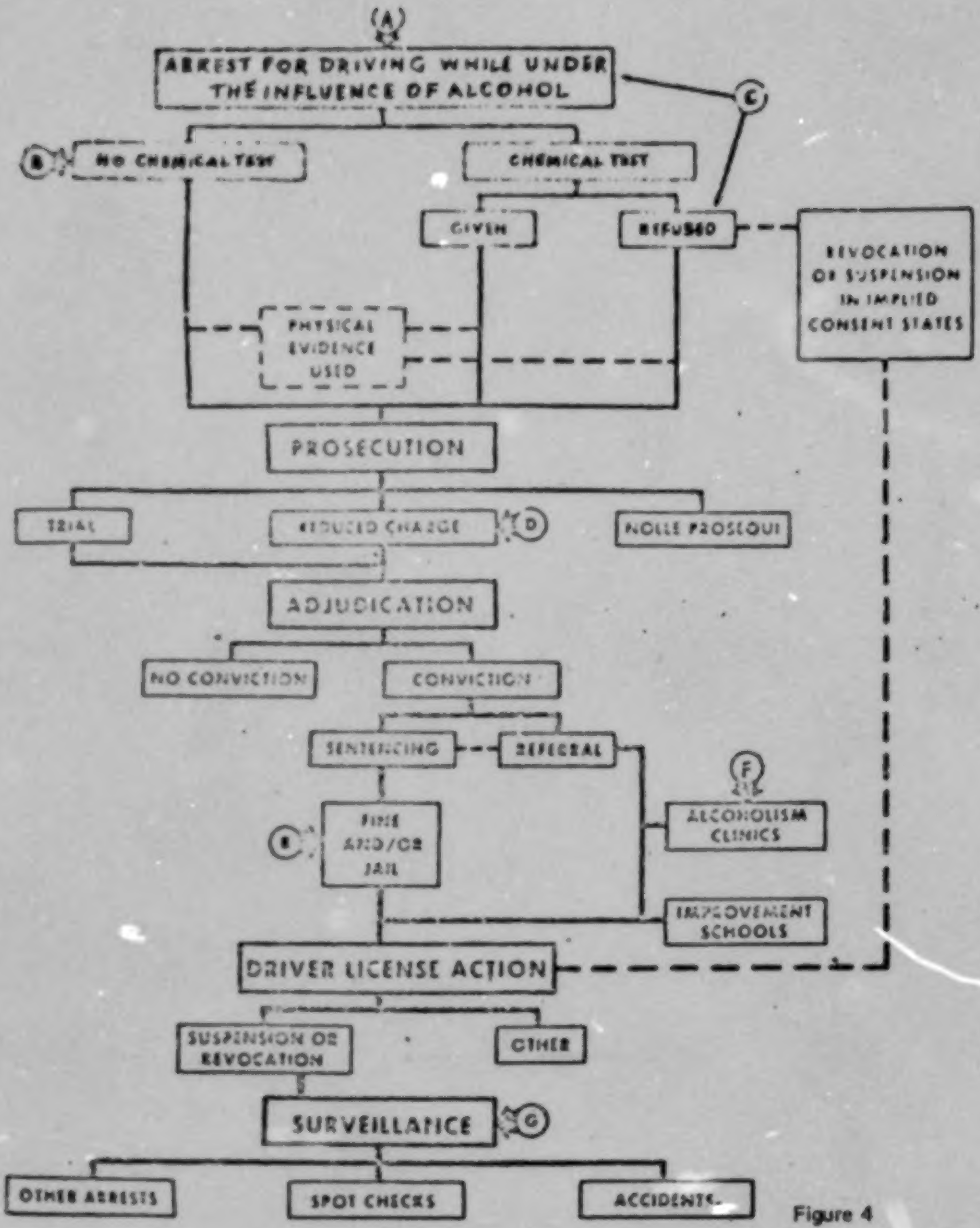
EVIDENCE THAT A PERSON WITH BLOOD ALCOHOL OVER .15% IS A SERIOUS PROBLEM DRINKER

The Number of 1 Ounce Drinks of .86 Proof Whisky Required to Reach a Blood Alcohol Level of 0.15% Within Two Hours of Eating.



Source: Coldwell, B. B.; Royal Canadian Mounted Police, Ottawa, Canada..

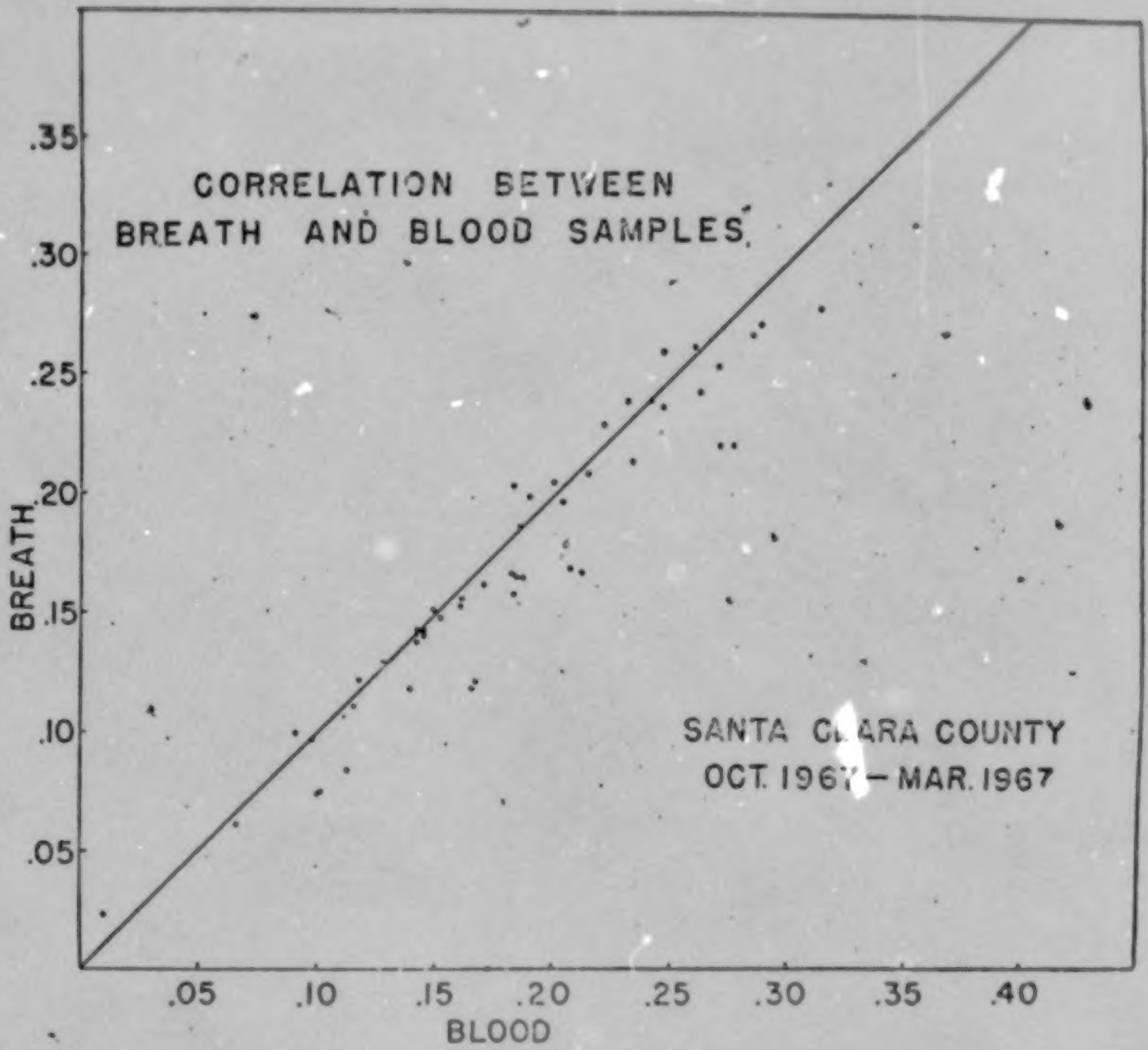
Figure 3



DEFICIENCIES IN THE PRESENT METHODS OF CONTROLLING THE PROBLEM DRINKING DRIVER

A. Inadequate Identification of Drinking Drivers
B. Limited Availability of Chemical Tests
C. Restrictions on Use of Chemical Tests
D. Failures to Prosecute DWI Drivers
E. Ineffective Penalities for DWI
F. Inadequate Treatment Programs for Problem Drinkers
G. Lax Enforcement of Driving Suspensions

Figure 4



Breath sample analyses are plotted against blood sample test results on the same subject. From a study of the correlation it was determined that there is a tendency for breath sample tests to be lower than blood sample results when both samples are taken from the same subject at the same time.

Figure 5

very nice linear relationship. So rather than taking a blood sample and analyzing it, we are able to take a sample of breath and analyze the breath. The basis for the measurement that the police are now carrying out, and I think the only one that is accepted by the courts at this time, is a device called the breathalyzer.

Figure 6. This is the device that we have sitting on the table and will be playing with later on this evening. Now, the way this operates is as follows: A chemical, potassium dichromate, which normally has a yellow color, when it reacts with alcohol, it becomes more and more colorless and so ultimately is completely transparent. Now the change in color is directly related to the amount of alcohol that participates in the chemical reaction. So, the way the machine is designed, first, right at the top you have a mouth piece and you blow into this mouth piece and the dial is set at the take position, and when one blows into the mouth piece, you collect a known amount of breath, maybe 52 1/2 cubic centimeters breath. Then, you put this handle into the analyze position, and you bubble the collected breath sample into this ampule containing potassium dichromate. Now, before the test is performed there are actually two ampules of potassium dichromate. One is the sealed bottle and that is the control or standard, and the other one is in the same form as the sealed bottle, but we break off the neck to put it into the machine. This is one of the objections that I have to this thing because usually you cut your finger when you do that, and it hurts like hell. Anyway, we first of all balance the machine and the way we do this is as follows: There is a light right here and you adjust the light so that the amount of light is the same through both ampules and this is recorded electrically. You have a button adjusted to read zero at this point, then when the sample of breath reacts in the test ampule, the transparency of the chemical changes and now more light is transmitted to the test ampule, then partly remove the light source away from the test ampule, until the amount of light again is the same through both, and then the amount of movement of the light source is registered directly on the dial, in the percent of blood-alcohol level. It is very simple and essentially foolproof device. Now the only drawback is that it requires training. It is not an automatic device. It requires, I believe, 12 hours of training before a police officer is certified to run the machine and also it requires a certain amount of manipulation, namely, breaking off the neck of the ampule, doing all of the operations. For these reasons, these tests are not performed on the road but, are performed in a police station. So the problem is, after the arrest you have to take the guy to the police station, and then you have to give him the test and all of this takes time and money. Therefore, what the Department of Transportation would like to see is something that is a little less difficult to handle and also something that, hopefully, costs less. The breathalyzer costs about $800 and we would like to have something that is cheaper.

Now I was told when I received this problem that what they wanted was a device that could do two things. Number one, it should not require the cooperation of the driver. It should measure the breath remotely. It should be accurate enough to be acceptable by the courts. It should be capable of picking up any possible drugs that the man may have consumed. Fortunately I was able to talk them out of two of these requirements, namely, the remote detection and the drugs. These are now separate programs. All we are doing at this point is trying to improve on the breathalyzer by making it automatic and by making it cheaper. Now to do this, we first of all had to do a cost analysis and Aerospace engineers are very good at this sort of thing.

Figure 7. First of all let me mention the number of devices we were considering at that point. There are essentially 5 methods that can be adapted to automatic operation. One, the electrochemical sensor. This is the kind of technology that is used in the Apollo spacecraft to generate electricity. This is a situation where you take water, and you put two electrodes in the water and you pass a current through the water. At one electrode, you generate oxygen, at the other electrode you generate hydrogen, and in the process

BEST COPY AVAILABLE

THE *Breathalyzer*

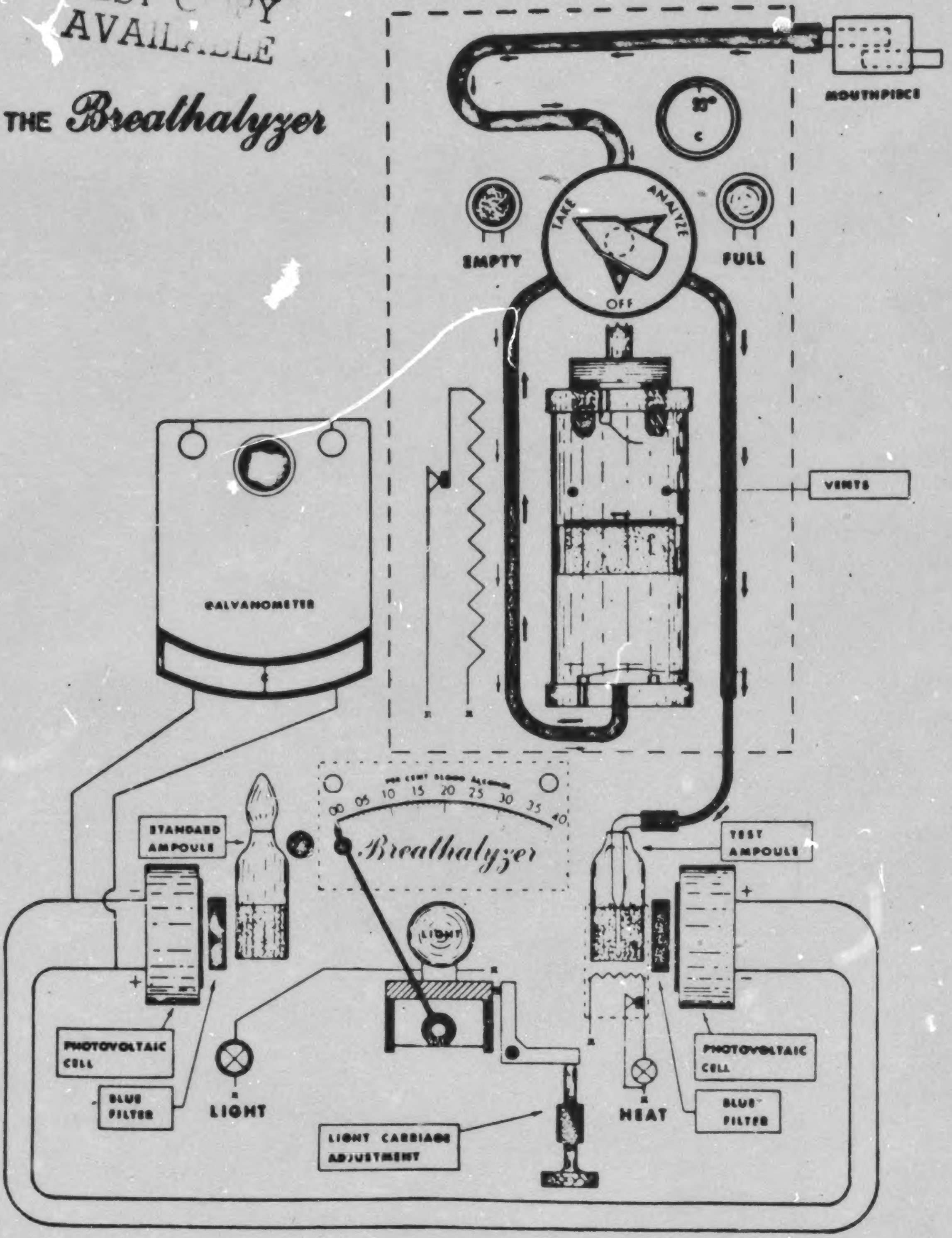


Figure 6

SNIFFING DEVICES-APPLICABLE TECHNIQUES
(SENSITIVE TO 5-14 PPM ETHANOL)

- ELECTROCHEMICAL SENSORS
- GAS CHROMATOGRAPHY
- MASS SPECTROMETRY
- INFRARED SPECTROSCOPY
- MICROWAVE SPECTROSCOPY (?)

Figure 7

energy is consumed. A fuel cell works just the reverse way. You can use other gases besides oxygen and hydrogen and also produce electricity, and alcohol happens to be one of them.

Figure 8. Incidentally, in order to make sure that we weren't barking up the wrong tree, we also made a survey of the kinds of substances that can be detected on the breath. You have to be sure that this device is going to be sufficiently specific.

Figure 9. Now here are the costs and you see a huge difference in prices, namely, from $500 to $5000 or more. This will rule out the more expensive items because, namely, no one would buy them if they could buy the breathalyzer for $800. Electrochemical are the least expensive, gas chromatography and infrared are in the middle, and mass spectroscopy and microwave spectroscopy are the most expensive.

Figure 10. Now the next thing we did was to look at the detection limits, that is, the sensitivity that can be accomplished by any of these devices. Now if we are talking about alcohol on the breath .1% blood-alcohol is equivalent to 258 parts per million of alcohol in the air and as you see some of these devices are a lot more sensitive than we really need. If, on the other hand, you go one or two feet away from the person's mouth, then there is a reduction in the concentration of the alcohol so for a sniffing device we need the greater sensitivity. From a technical point of view, all of these methods look extremely good.

Figure 11. Now, what the methods are. Gas chromatography is already used by certain law enforcement agencies and by several States in the west. The way it works is very ingenious. If you fill a glass tube with crystals, it is possible under certain conditions by the right choice of materials to get a separation of gases that happen to be in the mixture. You blow in at one end and all the various gases separate out and come out at different times. Each substance comes out at a particular time and each particular time is significant for each different material provided the conditions of temperature, pressure, and flow rate are exactly the same. It is very hard to do, especially under field conditions. Anyway here is one candidate method.

Figure 12. Another method is called infrared absorption. Now the spectrum of visible light where we can see is in the range from around .4 to .8 microns. This is where the human eye can see colors. Beyond the red is infrared, and you will find that a lot of gases will absorb this invisible light at very specific wave lengths so it is conceivable to build a device that would be very specific for ethanol. This is one concept where we have a light source. It's a hot filament reproducing light which injects into a cell which is bounded by two mirrors. The light is reflected back and forth and finally goes into a detector. If the cell happens to contain ethanol, there is going to be a change. Now the change will be detected by having a rotating wheel and the wheel is shown at the bottom. This wheel has two filters and one filter would only transmit light that is absorbed by ethanol. Now if there is no ethanol in there then there will be no change in the amount of light we detect in the detector. But if there is ethanol present then of course we get a change. As a control we have another filter which is sensitive to carbon dioxide which is present in air and also in blood, so this will tell us if there is a difference between the ratio of absorption of carbon dioxide or not. If there is no change, then there is no ethanol. Unfortunately, this gadget costs more than the gas chromatograph but it is technically feasible.

Figure 13 just shows you what would happen. This looks like a whole bunch of circuitry, but on the left-hand side you see that when we get a signal (and each half wave would be characteristic of either the ethanol content or the carbon dioxide content) the detection would not be difficult. But as I say, the whole device we'd estimate could not be built for less than $2000. The beauty is that this would lend itself to the remote detection of alcohol.

BREATH ANALYSIS

SUBSTANCES DETECTABLE IN EXPIRED AIR

- ACETONE
- ACRYLONITRILE
- AMYL ACETATE
- BROMOBENZENE
- CARBON DIOXIDE
- CARBON MONOXIDE
- CARBON TETRACHLORIDE
- CHLOROFORM
- DIOXANE
- GASOLINE
- METHYL HALIDES
- NITROUS OXIDE
- TURPENTINE
- XYLENE
- SULFUR DIOXIDE
- PHOSGENE
- TOLUENE
- TRICHLOROETHYLENE
- ETHYL ETHER
- METHYL ALCOHOL
- ETHYL ALCOHOL
- PROPYL ALCOHOL
- ISOPROPYL ALCOHOL
- BUTYL ALCOHOL
- TERTIARY BUTYL ALCOHOL
- CYCLOHEXANE
- ETHYLENE OXIDE
- ETHYLENE

Figure 8

ESTIMATED COSTS PER UNIT

$500 OR LESS

    ELECTROCHEMICAL

$1000 TO $5000

1. GAS CHROMATOGRAPHY
2. INFRARED

$5000 OR MORE

1. MASS SPECTROSCOPY
2. MICROWAVE SPECTROSCOPY

Figure 9

LIMITS OF DETECTION OF ALCOHOL IN BLOOD OR IN AIR

METHOD	SAMPLE VOLUME	MINIMUM WEIGHT OF ALCOHOL IN SAMPLE	BAL LOWER LIMIT IN % (W/V)
WET CHEMICAL	1 ml*	50 μg	5. 10^{-3}
	52.5 ml	2.5 μg	0.01%
ELECTROCHEMICAL	1000 ml	0.2 μg	4.2×10^{-5}%
BIOCHEMICAL SENSORS	?	?	~ .04%
MASS SPECTROGRAPH**	~10^{-3} ml/sec	~10^{-12} gm	2.1×10^{-4}%
NMR	1 ml*	1 mg	0.1%
IR	~20 ml	10^{-5} gm	0.1%
MICROWAVE	?	?	?
GC***	2 ml	0.2 μgm	0.01%

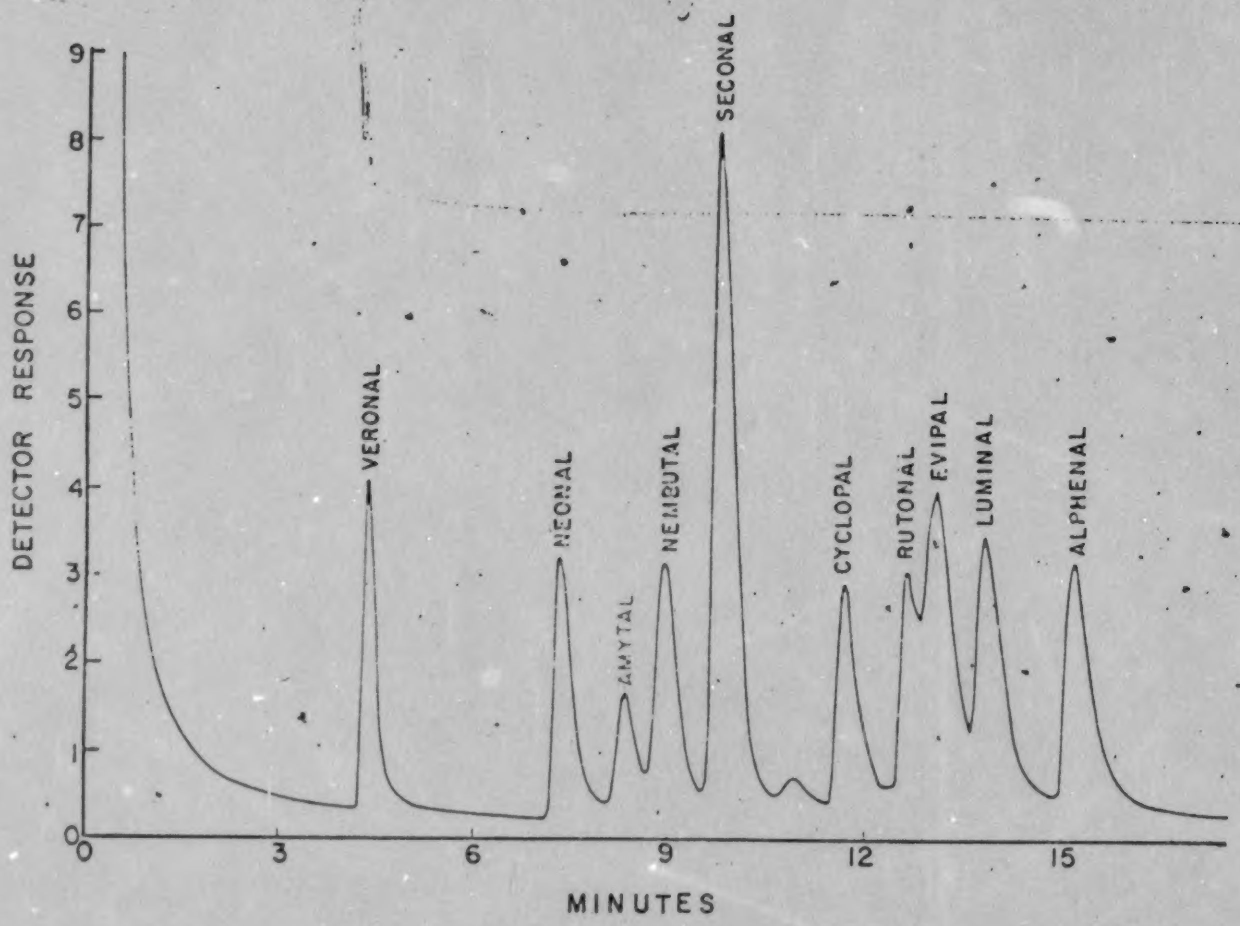
* LIQUID SAMPLES - ALL OTHERS ARE GAS SAMPLES AT 1 atm

** WITHOUT ENRICHMENT

*** USING A THERMAL CONDUCTIVITY DETECTOR

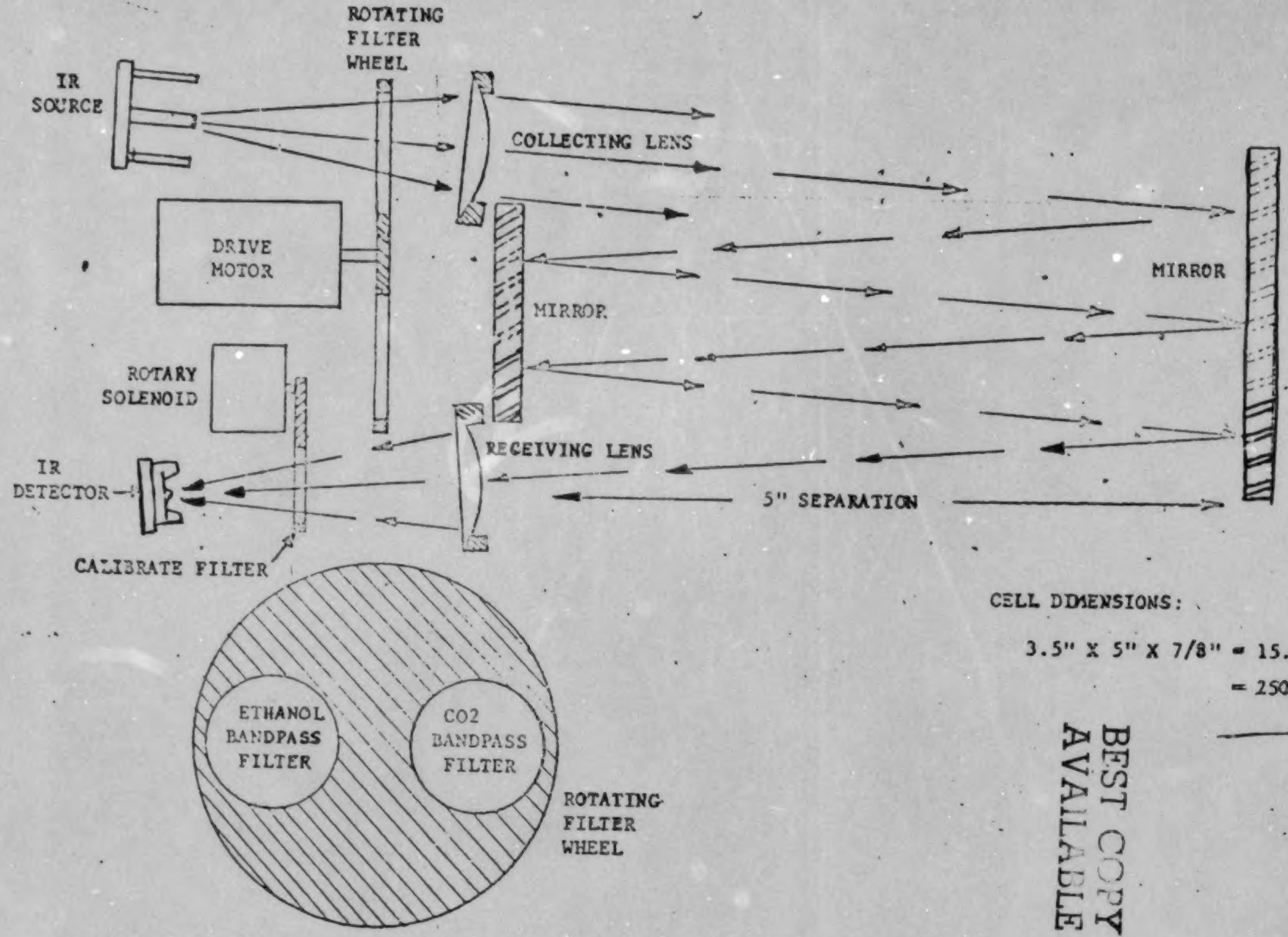
Figure 10

BEST COPY
AVAILABLE



CHROMATOGRAM OF A COMPOSITE MIXTURE OF 1,3-DIMETHYL DERIVATIVES (1 μg OF EACH) OF THE NAMED BARBITURIC ACIDS

Figure 11



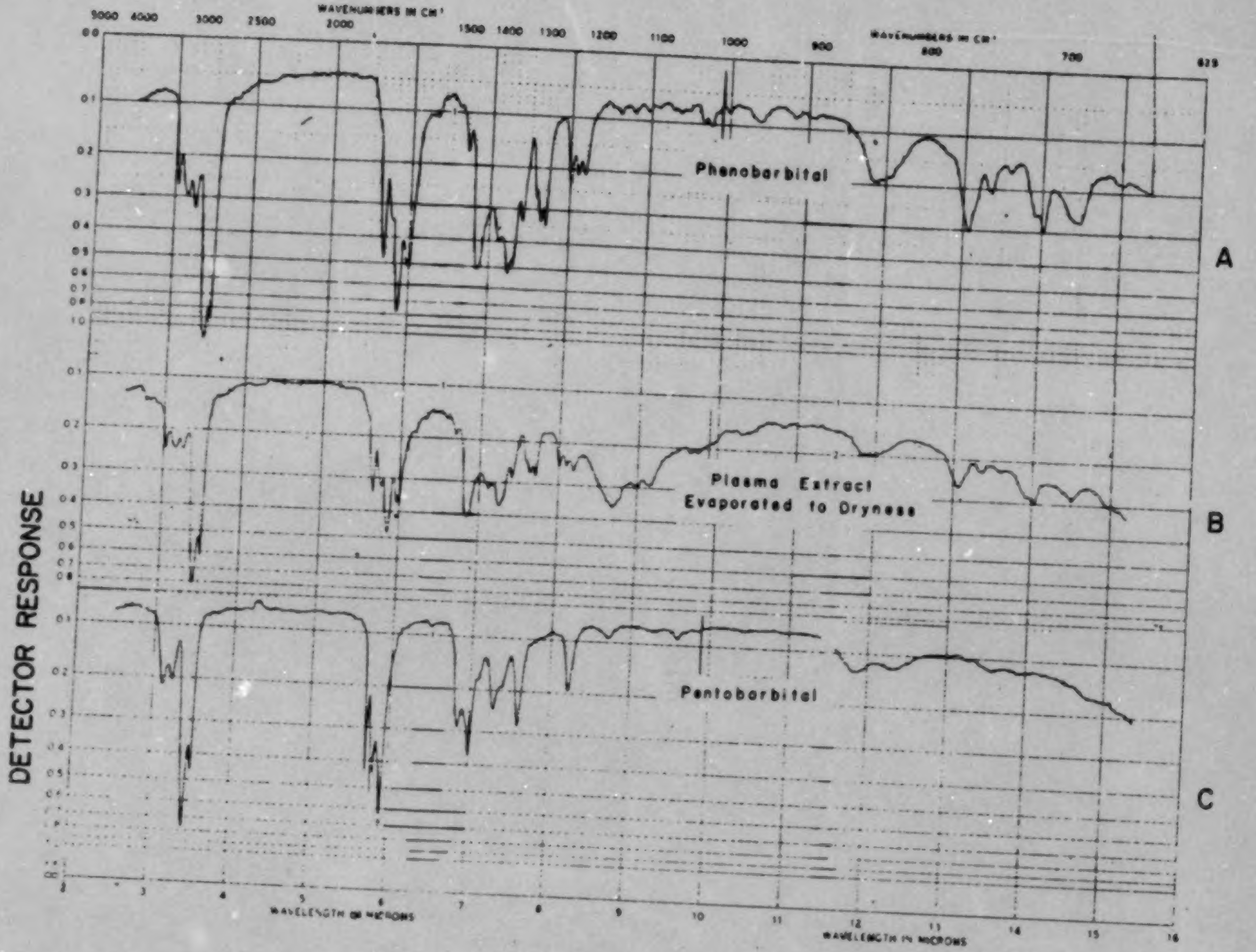
CELL DIMENSIONS:

3.5" X 5" X 7/8" = 15.3
= 250 c

BEST COPY
AVAILABLE

Figure 12 OPTICAL SCHEMATIC (Full Scale)

BEST COPY
AVAILABLE



INFRARED SPECTRUM OF PLASMA EXTRACT EVAPORATED TO DRYNESS COMPARED WITH SPECTRA OF PHENOBARBITAL AND PENTOBARBITAL

Figure 13

Figure 14. Now infrared spectra are very complicated and you have to be very careful to guard against interferences. Let's use for example a traffic environment where you might have carbon monoxide, gasoline vapors, all sorts of other things and not even know that they are present. Now, this is the amount of light as a function of wave length that is transmitted for particular mixtures and you can see that there are actually three different drugs that are being vaporized and analyzed and I would say that a highly trained person would be able to tell the difference between these three but we couldn't expect a policeman to figure out what is going on so this is one reason that we discarded this method because we simply cannot control the effect of interfering substances and of course there might be things on the breath too, that are not known. Just by way of illustration, I observed some tests where they can put a man into a tank and then analyze the air that is given off by his clothes, his skin, and so forth. They tell me, for example, that they can tell ethnic differences just by the diet. Something that some people might eat, others may not.

Figure 15. Another method that we looked at is mass spectrometry and the reason that we are looking at mass spectrometry is that this just happens to be another application of something that we have been dealing with for the last ten years. The first application was to try to determine what gases might be in outer space. The second application that we were interested in was to devise methods to possibly measure the atmosphere on the moon if there is any. And the third application was to find out what might or might not accumulate in a space cabin after prolonged occupation by astronauts. Now this is one of the more serious problems that the space industry has not yet been able to solve. We don't know what is building up in these space cabins after prolonged periods of time. The only background we have is the measurements that have been made in submarines. And in submarines you will find that the build up of extraneous materials is mainly due to paint and chlorine, and so forth, from the battery, so this wasn't really a good example for us to work on. We had to start from scratch and try to make the most of it.

Very briefly, what is a mass spectrometer. The reason I'm going into this in some detail is because it was the first indication we had that a sniffer might be technically feasible. The results, anticipating again before I go into the technical discussion, are that with a mass spectrometer we are able to pick out a person who has had two drinks, at a distance of one foot, two hours after consumption of these drinks and this is a very small blood-alcohol level indeed. All right, then a mass spectrometer is a device where you take a sample of air and you impart an electrical charge to the air. Then you pass the sample of gas into an analyzer and then into a detector.

Figure 16. The bottom part of this figure shows how this works. The top right shows the area where we impart the electrical charge to the gas which an analyzer can then pick up and measure electrically. In this particular case we would be measuring three different gases simultaneously.

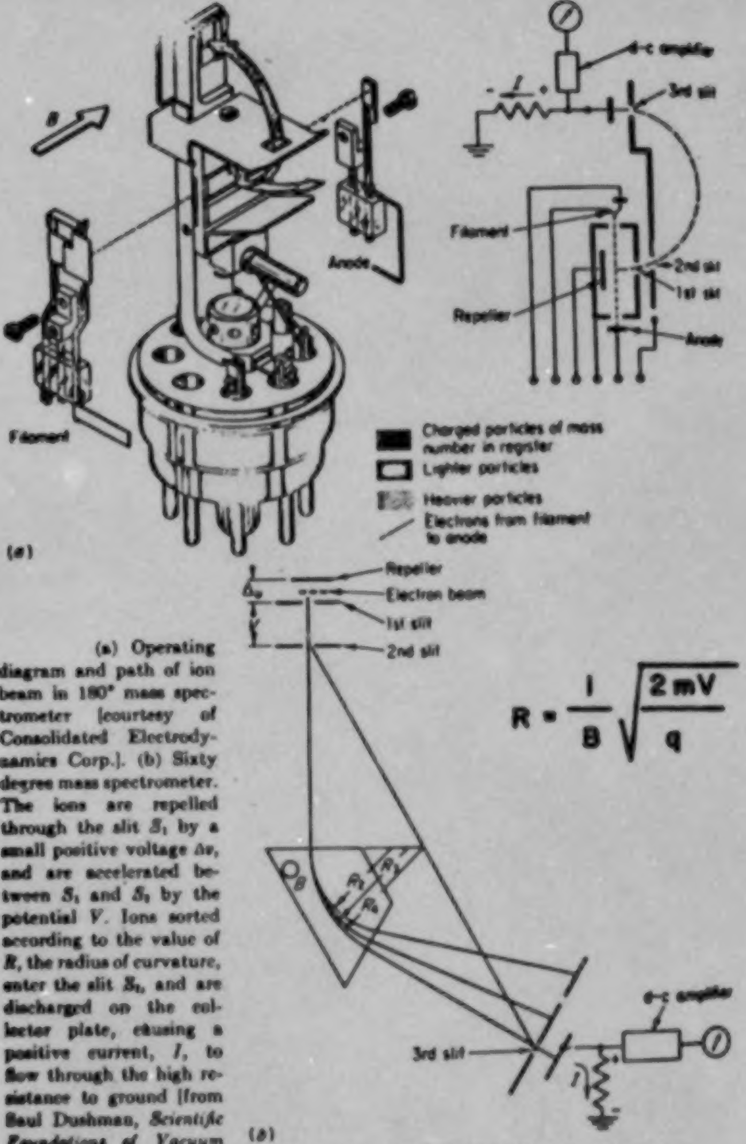
Figure 17. Now unfortunately the spectrums aren't very simple. If you take a very simple gas such as methane, it consists of one atom of carbon and four atoms of hydrogen. The formula is CH4. And in this mass spectrometer this molecule of CH4 is broken up into C, CH, CH_2, CH_3, CH_4, so then it requires skill to find out what the spectrum means for only one gas. And the molecular marking in this case would be 12, 13, 14, 15, 16.

Figure 18. Another example of the complexity of the spectrum would be if we have a mixture of, let's say, methane, carbon monoxide, nitrogen. Now each of these breaks up into what we call a cracking pattern and if we had all three of them, then you almost have to have a computer to sort out what the spectrum means. Since human breath is a complicated thing, its alcohol detection powers didn't look very promising at the beginning.

PAGE 31 OF THIS DOCUMENT WAS REMOVED PRIOR TO ITS BEING SUBMITTED TO THE ERIC DOCUMENT REPRODUCTION SERVICE BECAUSE IT WOULD NOT REPRODUCE IN MICROFICHE.

2

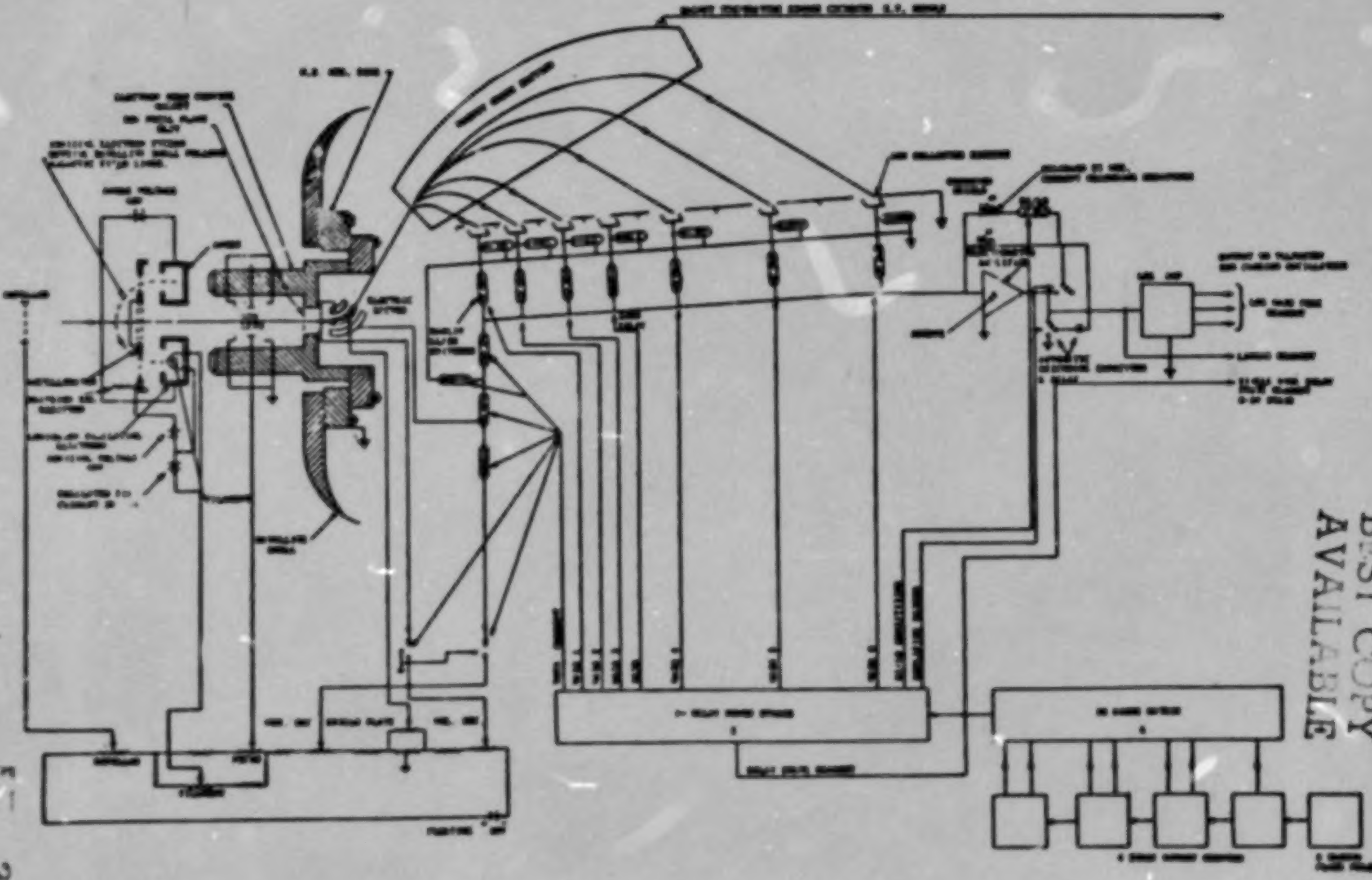
1



$$R = \frac{1}{B}\sqrt{\frac{2mV}{q}}$$

(a) Operating diagram and path of ion beam in 180° mass spectrometer [courtesy of Consolidated Electrodynamics Corp.]. (b) Sixty degree mass spectrometer. The ions are repelled through the slit S_1 by a small positive voltage Δv, and are accelerated between S_1 and S_2 by the potential V. Ions sorted according to the value of R, the radius of curvature, enter the slit S_3, and are discharged on the collector plate, causing a positive current, I, to flow through the high resistance to ground [from Saul Dushman, *Scientific Foundations of Vacuum Technique*, 2nd ed., J. M. Lafferty, ed. (New York: John Wiley & Sons, Inc., 1962), p. 302].

Figure 15



BEST COPY
AVAILABLE

SCHEMATIC OF OPERATION

Figure 16

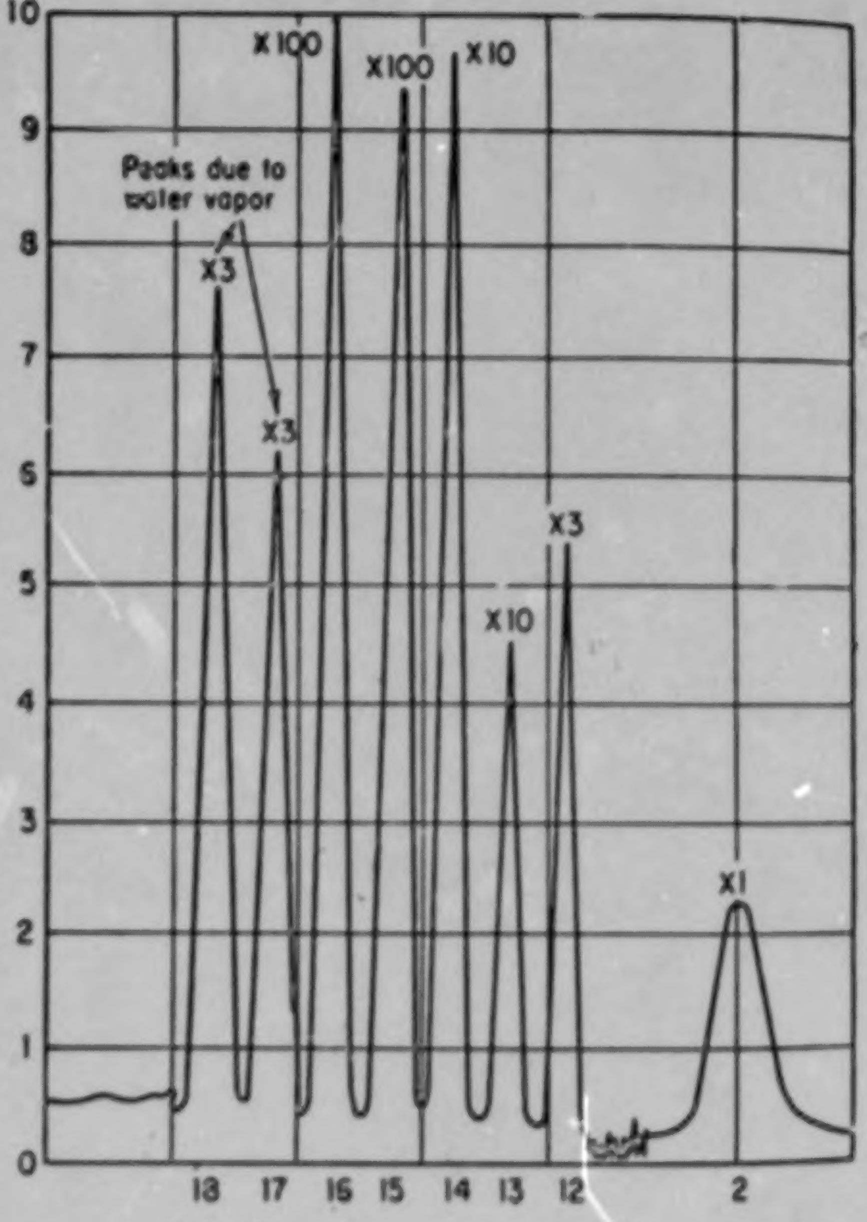


Figure 17

Record of methane spectrum. [Courtesy of Consolidated Electrodynamics Corp.]

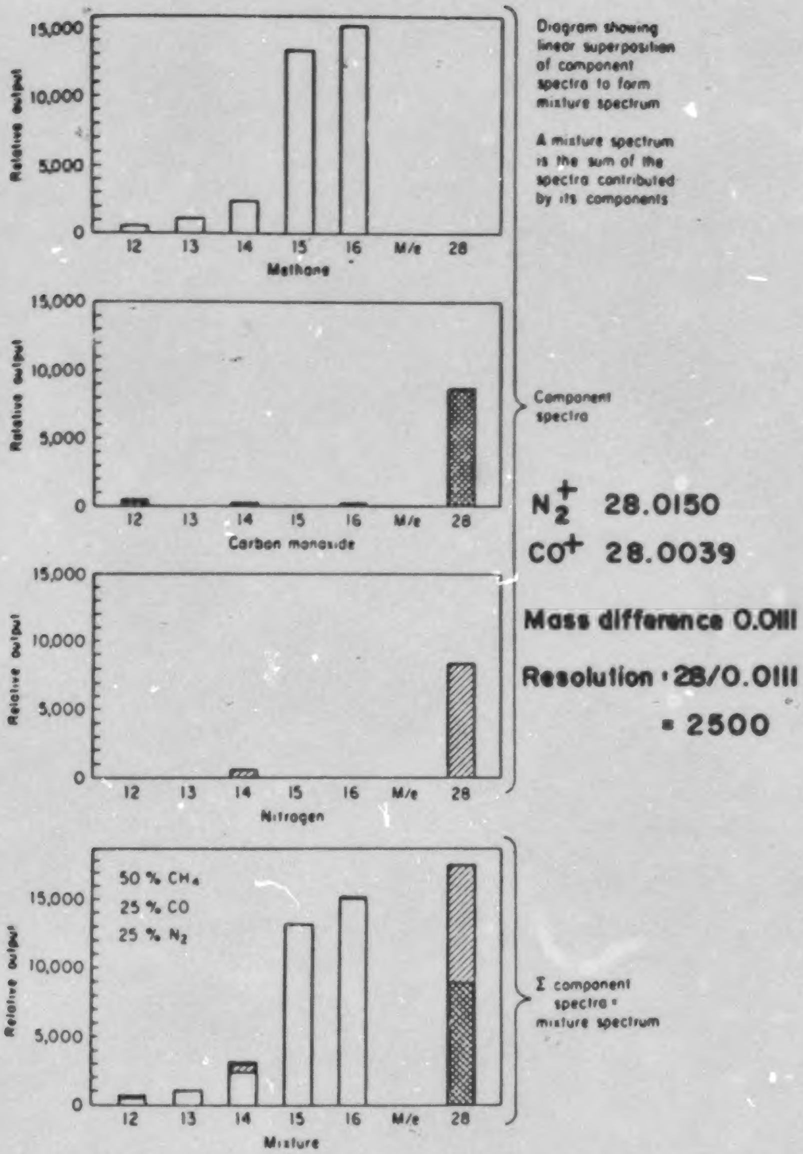


Diagram showing linear superposition of component spectra to form mixture spectrum

A mixture spectrum is the sum of the spectra contributed by its components

N_2^+ 28.0150

CO^+ 28.0039

Mass difference 0.0111

Resolution = 28/0.0111

= 2500

Component spectra and mixture spectrum. [Courtesy of Consolidated Electrodynamics Corp.]

Figure 18

Figure 19. This figure shows a more complicated configuration. On the left is the source, and then the analyzer, and in this case we are measuring six different gases at the same time. This machine was actually built for the space agency in order to analyze the expired breath of test pilots.

Figure 20. The significance of this is shown in the figure. Now in the single breath of any person, of course we would have carbon dioxide, a little water vapor and oxygen. This figure is prolonged, steady, breathing and you can see that this is actually, breath by breath, what the pilot expires, and you see that there is no change. These gases are much easier to measure than alcohol because these are the major contributors to breath.

Figure 21. The molecular weight of alcohol is 46. Two atoms of carbon, six atoms of hydrogen, and one atom of oxygen. But in the mass spectrometer, in the process of charging these molecules you see that they break up. That in fact the molecular indication at 46, which is the molecular weight of the material, you have a smaller electrical signal than you have at notch 31 where a lot of these atoms have been removed in the process of charging. So the signature of alcohol is again a complicated one. However, there are ways to get around it. It turns out, and this again is a very recent breakthrough, that it is possible to devise means whereby you can remove oxygen and nitrogen from a sample of air, so if you are looking for a few parts per million of alcohol in air, clearly the major gases that we deal with are oxygen and nitrogen and they make up 99.99% of what we are trying to measure. If we could get rid of oxygen and nitrogen, we could enrich our sample. We now deal with a much more concentrated material. We use thin permeable membranes developed by GE to extract oxygen from water. They are permeable to oxygen but not to liquid water. It turns out that they are a lot more permeable to say alcohol molecules than to say oxygen and nitrogen. So, if we hang one of these in front of our mass spectrometer we are able to get rid of most of the air and we still have the alcohol and can perform an analysis.

Figure 22. This is how the device works, when we actually have three membranes. Now out here we have the atmospheric sample and there a pump pulls it into the machine and then we have three membranes and a couple of pumps. And the mass spectrometer sits behind these three membranes and this was the achievement by which we were able to detect alcohol in the human breath two feet away from a person who hadn't had more than a couple of drinks.

Figure 23. This figure is an artist's concept of how this machine looks with the membrane out front.

Figure 24. Now I did talk about the complexity of the spectrum and it turns out that in order to reduce this messy signature, there is something else that one can do which again we tried out when we were still with the space agency. Instead of bombarding the gas with electrodes from a hot filament, I hope that some of this will not be confusing to you but again I will just mention it because again the results have been quite dramatic. It is possible to impart an electrical charge to the gas also by using a very, very fine point or a razor blade. This shows a concept of what this thing would look like. It is just a very fine tip of tungsten in a glass bulb and a hollow electrode. This is where the gas is charged electrically.

Figure 25. Now one way that the effectiveness is demonstrated is to take a very complicated gas like n-Heptane which is a very heavy hydrocarbon. The top slide shows the signature of this heavy hydrocarbon in the conventional way of imparting an electrical charge. The lower slide shows that you can get rid of all these unwanted signature peaks if you use this other method called field ionization.

Figure 26. Now if you recall the signature of alcohol that I showed you before where you had a whole bunch of peaks, if you now use this method you only get one peak. This corresponds to the molecular weight of alcohol itself. So this is a big simplification and we are now actually using this method to look for drug signatures. We

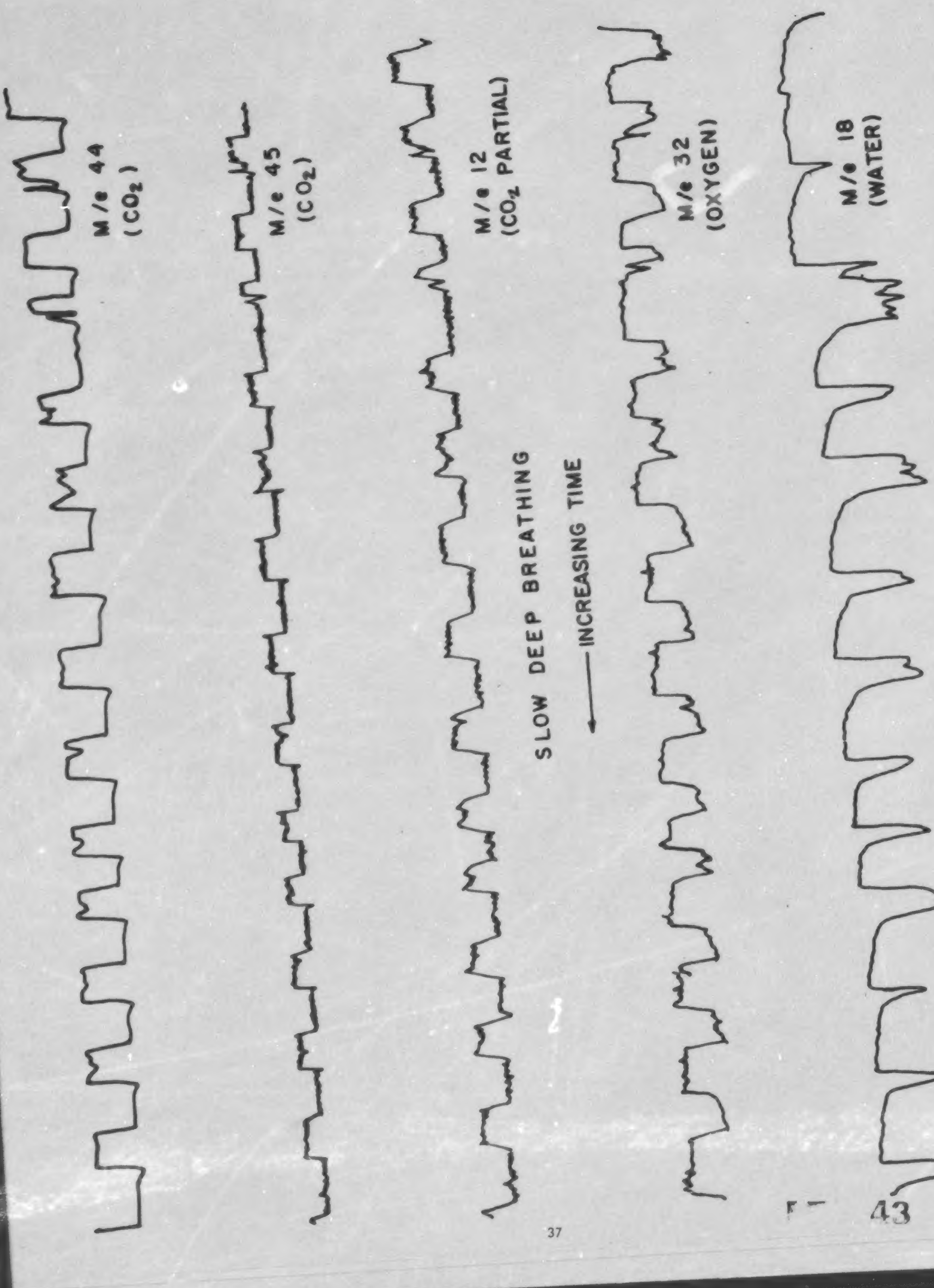

M/e 44
(CO₂)
M/e 45
(CO₂)
M/e 12
(CO₂ PARTIAL)
SLOW DEEP BREATHING
← INCREASING TIME
M/e 32
(OXYGEN)
M/e 18
(WATER)

Figure 19

SPECTRUM OF ALCOHOL (C_2H_6O)
WITH CONVENTIONAL IONIZER

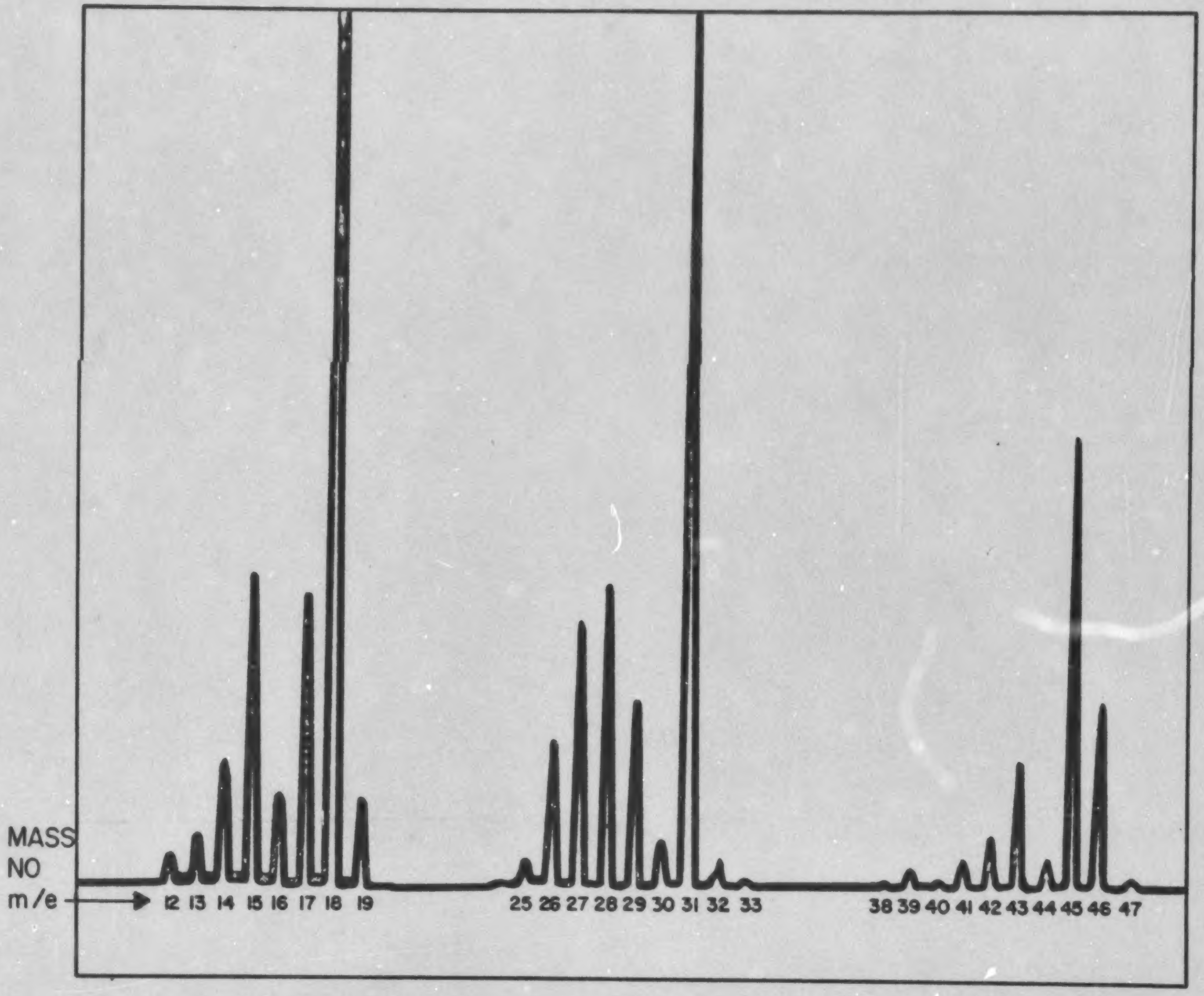
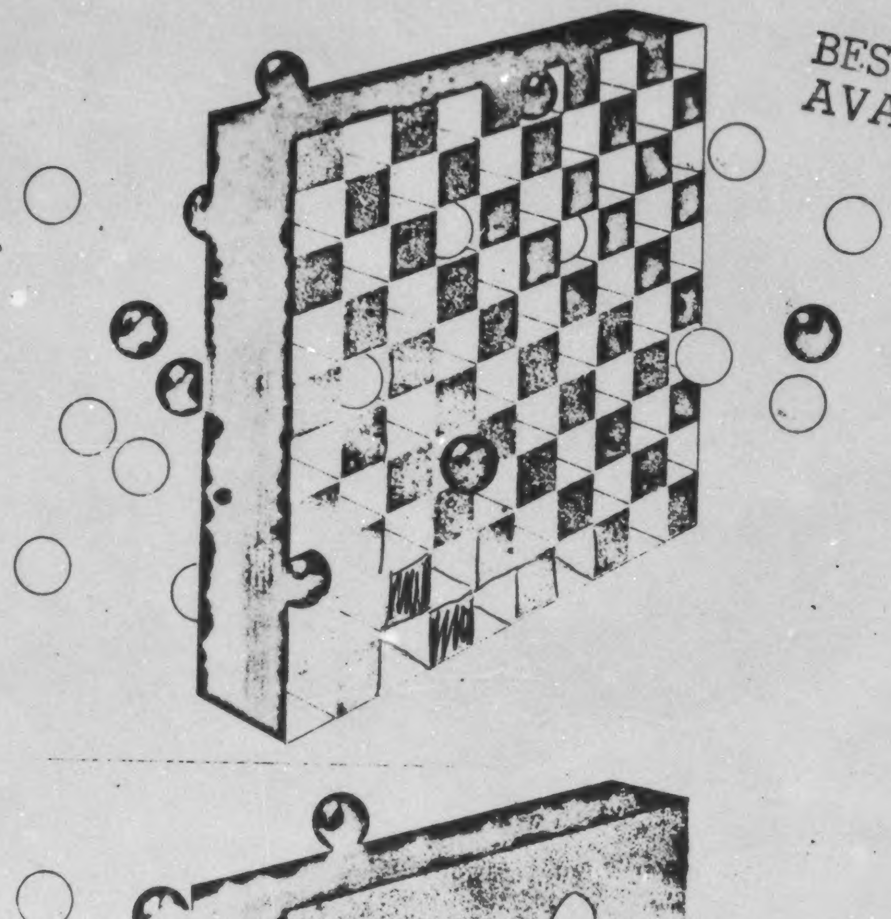


Figure 20

BEST COPY
AVAILABLE



Ordinary Porous Membrane — Molecules pass through openings.
Permselective Membrane — Permeability = (Solubility) × (Rate of Diffusion)

Figure 21

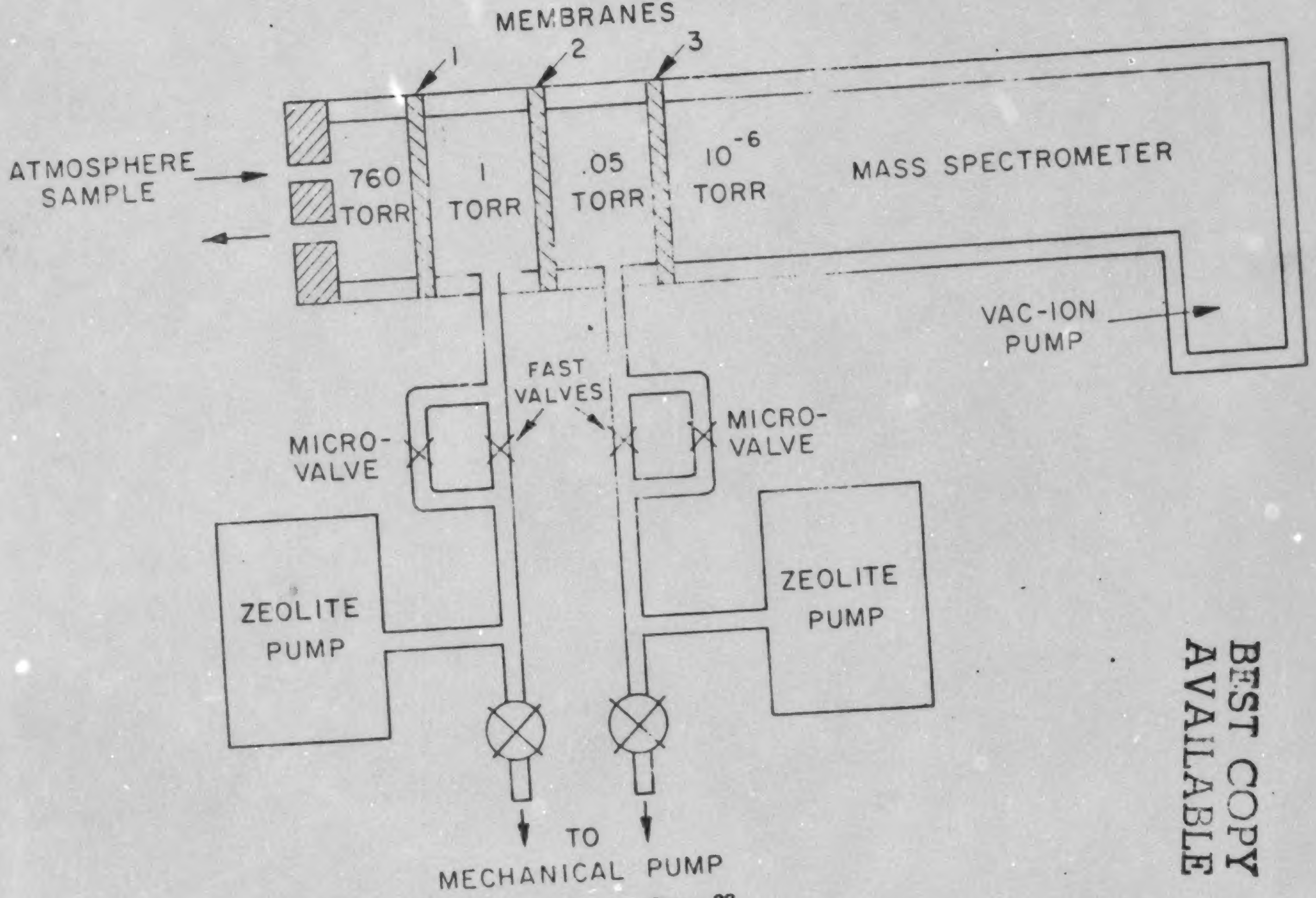


Figure 22

BEST COPY AVAILABLE

MOBILE GAS SNIFFER

BEST COPY
AVAILABLE

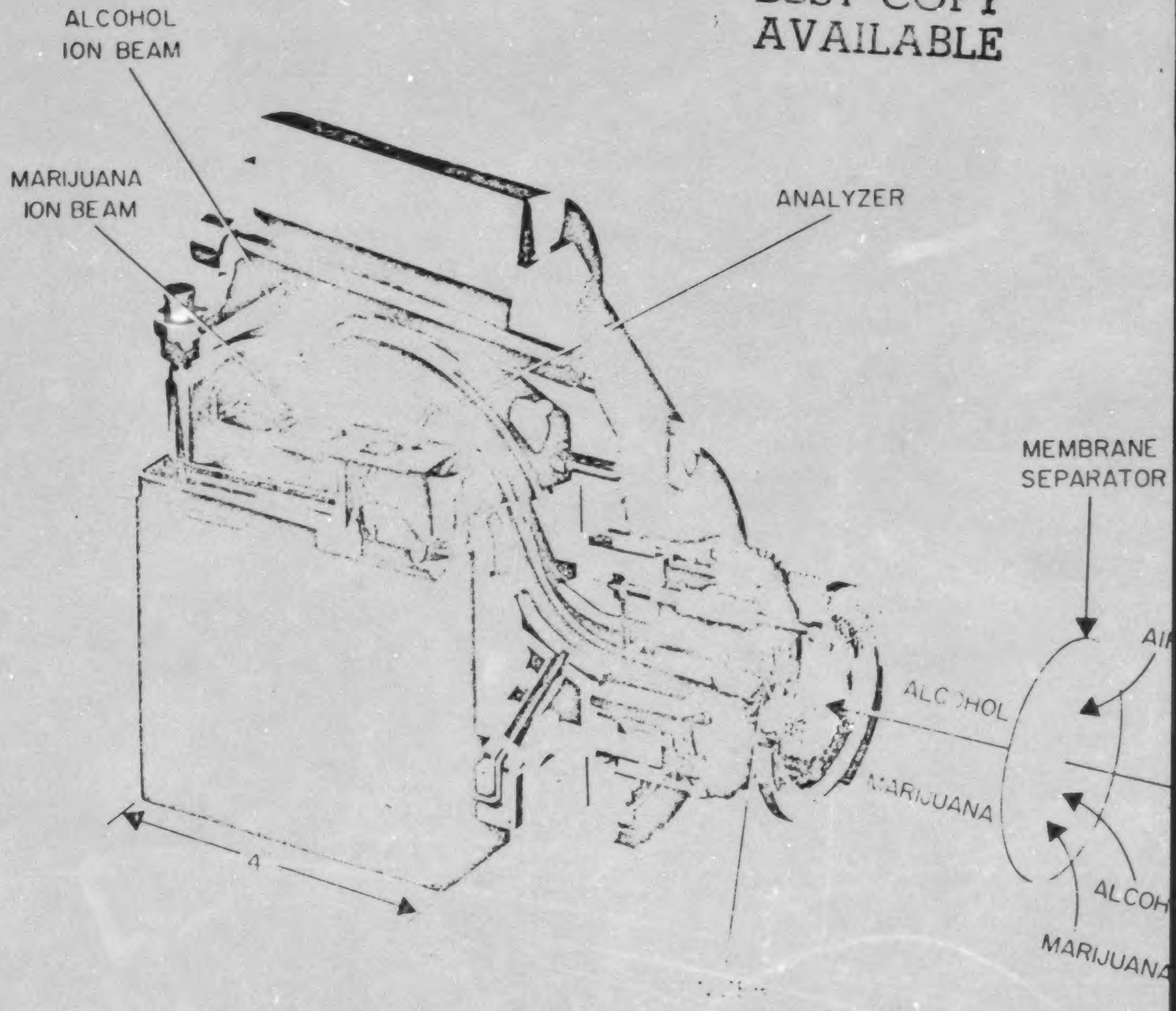
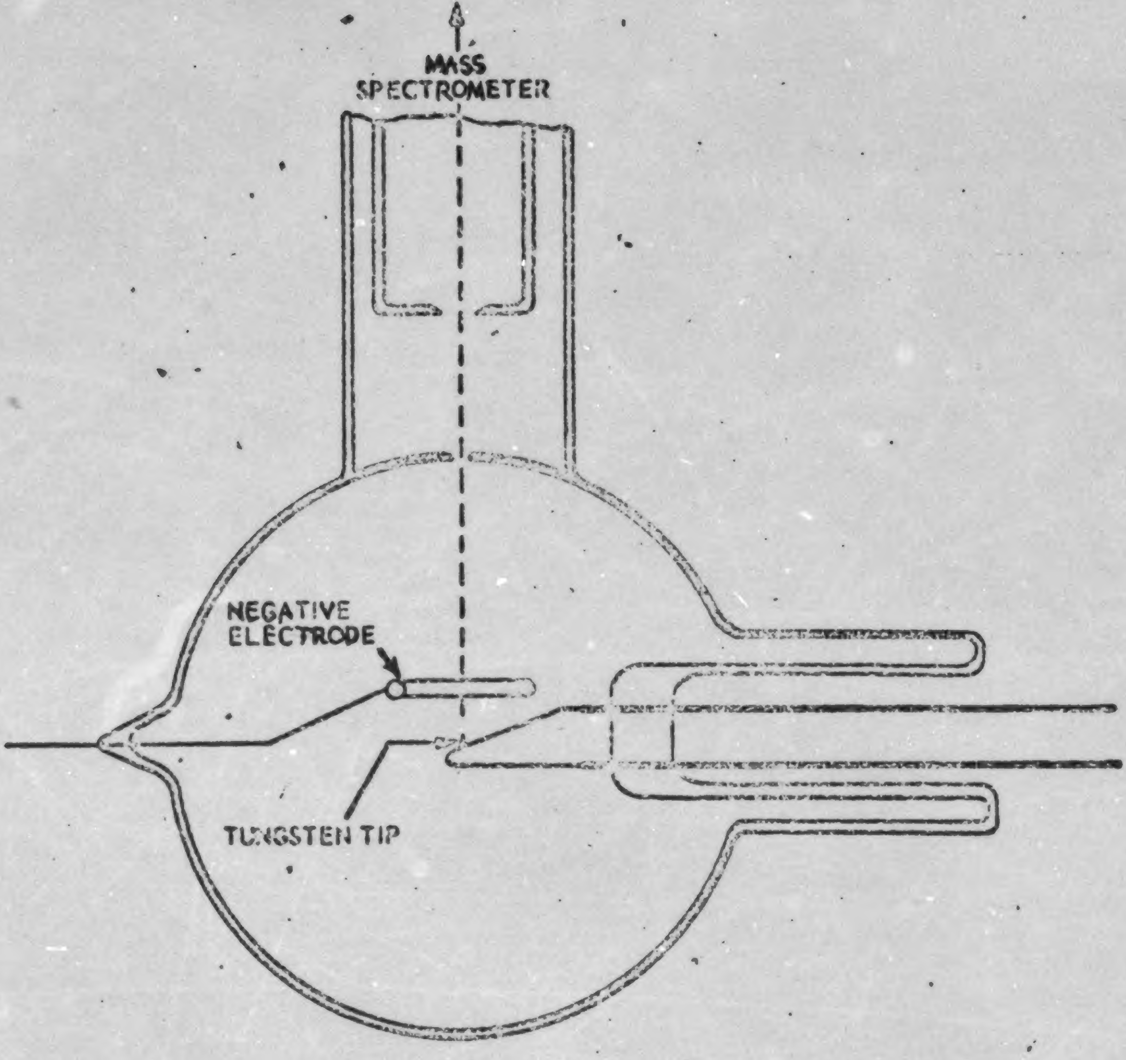


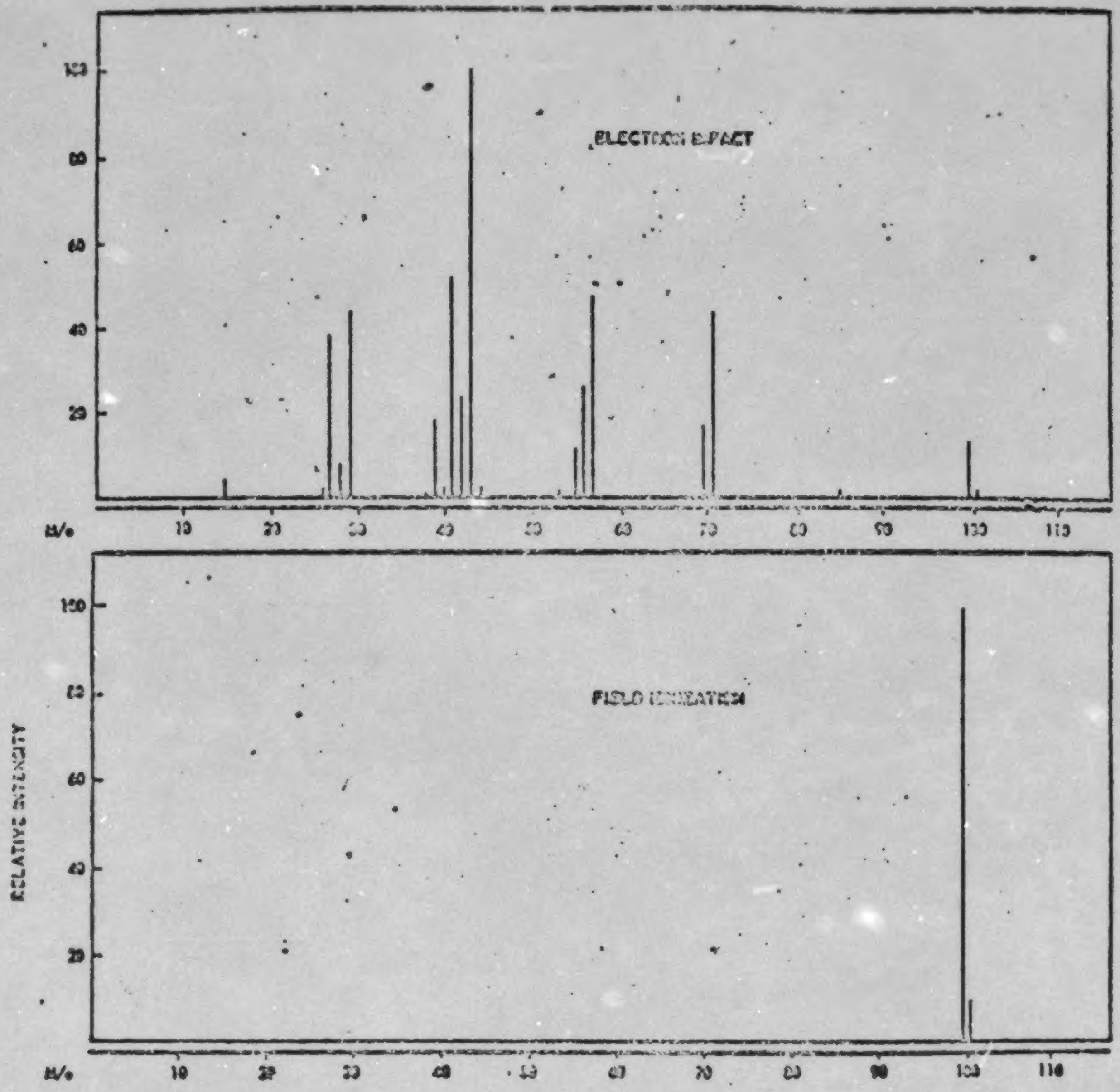
Figure 23

BEST COPY
AVAILABLE



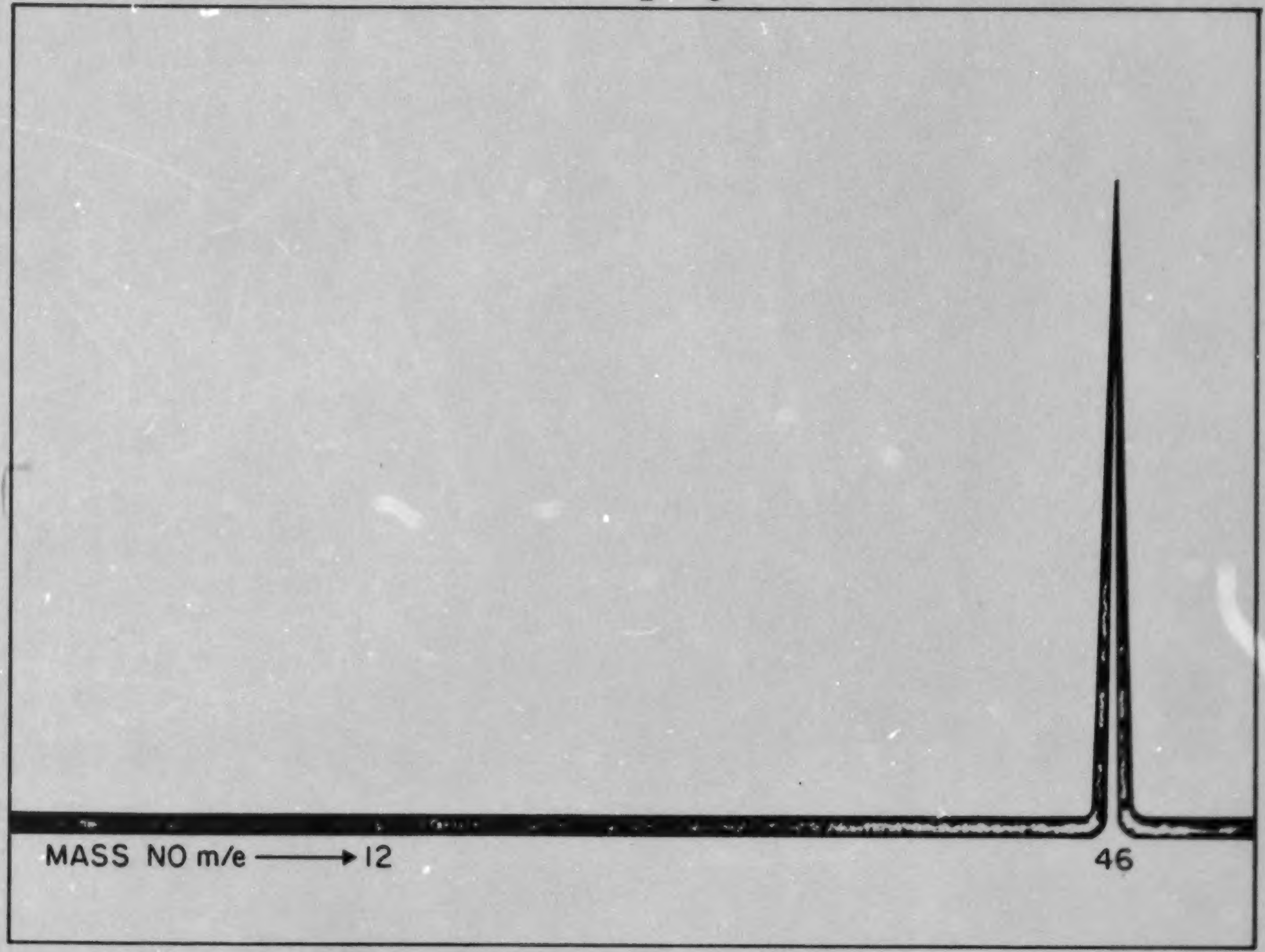
FIELD EMISSION SOURCE

Figure 24



Electron Impact and Field Ion Mass Spectra of n-Heptane

Figure 25



SPECTRUM OF ALCOHOL (C_2H_6O) WITH TSC IONIZER

Figure 26

are no longer working on alcohol with this device because of the expense involved. I will show you later why, but this could still be a very valuable tool in detecting drugs if indeed there are signatures of drugs on the breath we are now trying to find out.

Figure 27. Now we see the fuel cell device which we now see to be the answer to this problem. I told you before that in the fuel cell used on the Apollo spacecraft they used oxygen and hydrogen as the fuel for electricity. Instead of using hydrogen, we can also use alcohol and these two reactions (Figure 28). They tell us, particularly the top line, that if you take alcohol in water and you have two electrodes of the right material and all the conditions just right, what you will produce is four positively charged hydrogen atoms and four electrons and this is a product that you can measure.

Figure 29. And all the device looks like, if you are familiar with flashlight batteries, the configuration is almost identical. You have two electrodes, one is called the sensing electrode and one is called the counter electrode. You have an electrolyte between them which could be any kind of acid, sulphuric acid, and then at the top you have another electrolyte and a membrane so that the stuff can't leak out. The membrane would be permeable to alcohol, for example. So when you are blowing into this cell the alcohol will penetrate and it will give you a current.

Figure 30. This shows the first prototype that we have built in the laboratory. You see the guy blowing into the thing. Dimensionally it is maybe 4 x 8 inches and 3 or 4 inches deep. It has this small cell in it and the rest is electronics and batteries. It has a numerical read out and it measures alcohol. The question now is, how can we cut production costs, how reliable is it, and how useable is it, and how will it work out under field conditions. These answers I hope to get in the next year's program.

Details of Construction of Electrochemical Concentration Cell For Gas Analysis

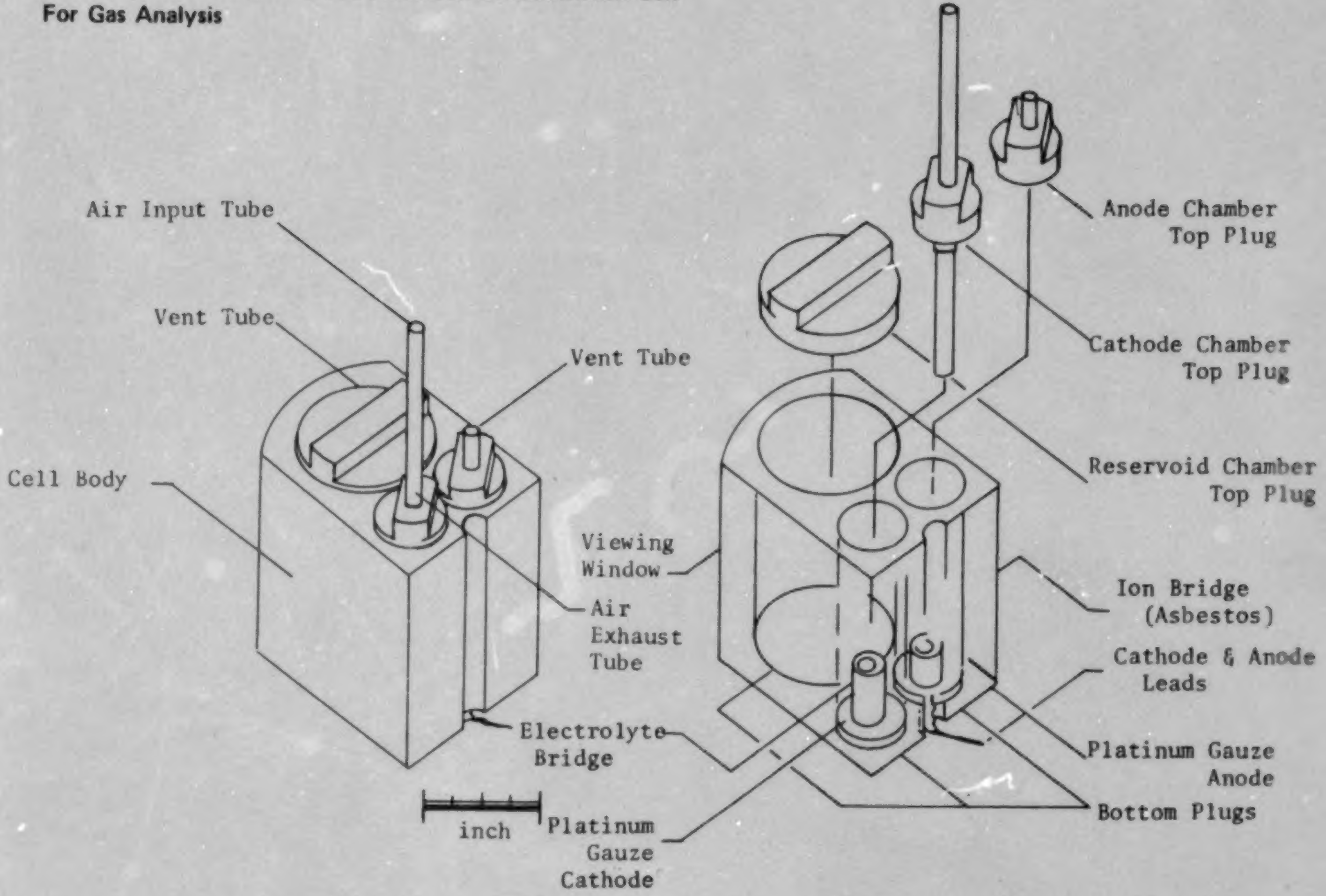


Figure 27

CHEMICAL REDUCTION IN ACID SOLUTION

$$CH_3\ CH_2\ OH + H_2O \longrightarrow CH_3\ COOH + 4H^+ + 4e$$

$$CH_3\ CH_2\ OH + 3H_2O \longrightarrow 2CO_2 + 12H^+ + 12e$$

Figure 28

ELECTROCHEMICAL TRANSDUCER

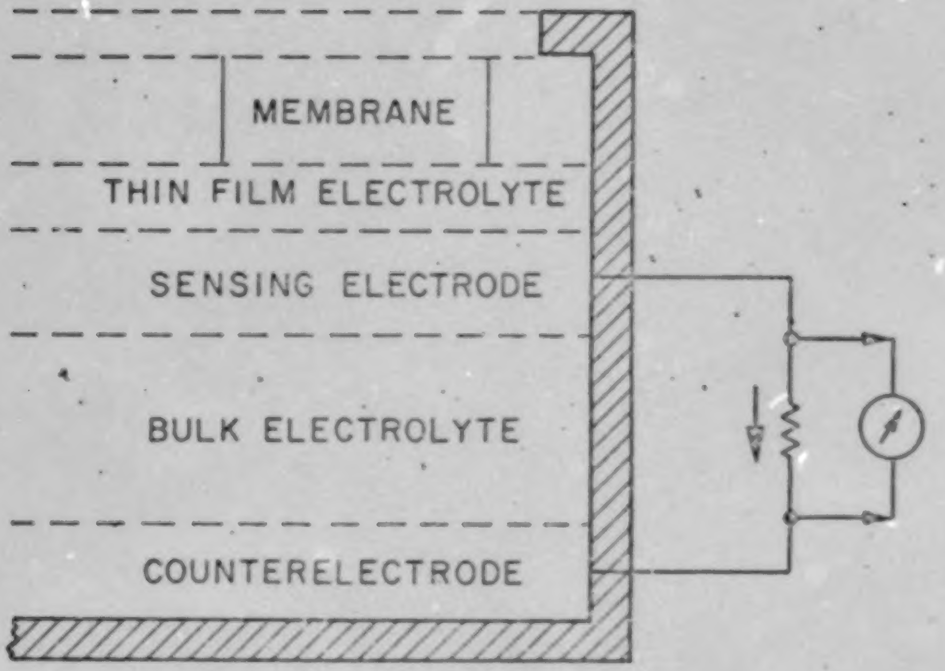


Figure 29

PAGE 49 OF THIS DOCUMENT WAS REMOVED PRIOR TO ITS BEING SUBMITTED TO THE ERIC DOCUMENT REPRODUCTION SERVICE BECAUSE IT WOULD NOT REPRODUCE IN MICROFICHE.

Identification of Problem Drinkers

Dr. Rudolf Mortimer

Dr. Mortimer is Head of the Human Factors Department at the Highway Safety Research Institute, University of Michigan. He has carried out research in topics related to traffic safety for a number of years and is presently concerned with visual problems in driving and the requirements for visibility from vehicles; rear lighting, signaling, and headlighting; effects of alcohol on visual behavior of drivers; and the development of procedures for identifying problem-drinkers. Dr. Mortimer received the BA and MA degrees from New York University, and Ph.D. from Purdue University.

We are trying to identify who is a problem drinker, and who is not, of those individuals who are arrested for a drunken driving offense. There are many constraints in trying to do this because we want to have a program that will be as simple as possible to administer, will not be too costly, does not require professional people to administrate, if possible. It should use the resources that may be or are reasonably available to the courts, and it is going to have to be acceptable to the people in the courts, and so on. We tried to bear this in mind in developing the program that we will outline to you here.

We will have three volumes. Volume 1 deals with the actual procedures that will be used. That is what I have chosen to talk about. Volume 2 provides some additional information to the court probation officer, or the pre-sentence investigator, or whoever it may be in the court who will be assigned to utilize this procedure. In Volume 3, separately, are the scoring keys that will be used with the procedures outlined in Volume 1 to make a diagnosis.

Basically the program consists of five tools: The first one is a self-administered pencil and paper questionnaire. We have, secondly, an interview which is a face-to-face type situation. Thirdly, we have a tally sheet on which the inverviewer will record items of information concerning BAC, driving record, previous arrest record, and so forth.

The scoring keys which are provided in Volume 3 are used for scoring responses in the first two items namely the questionnaire and the interview. There are two scoring keys used in the questionnaire, and one for the interview which I will discuss later. We then have a questionnaire/ interview summary sheet on which pertinent data from the questionnaire and interview are summarized so that they can become visible to the inverviewer at a glance. Now on the basis of what one sees on the questionnaire/interview summary sheet and the information that derives from background information data, we believe that it is possible to make a diagnosis as to whether a person is a problem drinker or not.

Once we have made that diagnosis we then of course get into the treatment of the problem. We have developed a little sheet for the interviewer to help him decide what kind of treatment this person may need, and to try to match this up with the available agencies in the community who may be able to give the best combination of treatments.

The questionnaire has 59 items on it. They are true-false, multiple-choice type items, or the individual responds by putting down a number, in response to some general question such as, perhaps, "How many packs of cigarettes do you smoke a day?" and things like that. The questionnaire can be filled out in 5 to 10 minutes. If the individual is not able to read adequately, it is possible that this can be read to him. Perhaps in some parts of the country the whole procedure will have to be provided in other languages, in Spanish for example.

Figure 1 is a sample of the questionnaire that includes such questions as "How many years has it been since your last out-of-town vacation?" and questions like that. The number of years is then inserted in the key item.

The interview is included because the questionnaire is a rather impersonal thing. An interview has its own advantages, so we have developed such a device and found it to be quite useful. It is a face-to-face occasion. You get to look at the individual and you can see certain things about him that a questionnaire cannot see. It consists of 71 primary items, but in the interview each item occasionally can have a number of possible responses that are actually scored in this case by the interviewer. We have a number of different types of responses. Again, we've made it as simple as possible. It is a fairly structured kind of interview. We also ask the interviewer some questions about the person that he has been interviewing, and he then makes responses to those questions.

An example of some of the interview questions is the first one, "While driving have you ever been stopped by the police but not ticketed when you knew that you had been drinking too much?" The interviewer will mark the answer with a Y or an N for yes or no. "Has your driver's license ever been suspended or revoked?" If he says "yes" then you follow up by asking how many times and then you make a response to that. Each of these things are keyed and they are scored. We have a number of things that we would like the interviewer to probe about one's health, job, marriage, and we use these to probe with the offender to make sure we've covered everything.

We have attempted to validate this procedure in the best way possible for the moment. We originally started out with a large number of items in the questionnaire and the interview, something like over 400 items in each. We then selected some control groups, differing in age, socio-economically, and so forth. We also obtained some drinking groups. These were people who were actually undergoing treatment for alcoholism, and were subject to drinking problems.

We had to know whether these people who were taking the test were problem drinkers, or alcoholics, or not. Now on the basis of the administration of the initial version of the questionnaire and the interview we carried out item analysis procedures. When we finished this then we went through cross-validation procedures. In that process you split your group into two separate groups to develop your scoring key following item analysis. You actually develop a score key on one half of the subjects and then try it on the other half and see how well it holds up under cross validation.

SAMPLE QUESTIONNAIRE ITEMS

		TRUE (YES)	FALSE (NO)	
32.	About how many years has it been since your last out-of-town vacation?	(#	2+)	32
34.	I am satisfied with the way I live	( )	(x)	34
38.	Do you have a relative who is an excessive drinker?	(x)	( )	38

Figure 1

The final keys we obtained are the cross-validated keys we use. We found that the questionnaire needed two keys. Namely, you add up the responses that are scored on key one and we found that, if we subtracted the total that was scored using key two, we got better predictions than by simply adding the total number of scores, because it looked as though the items which were keyed by key two were so-called suppressor items. I won't go into that any further. The interview has a single key to it.

This is the way the total score is derived from the questionnaire and the interview. The key one which simply says in which direction the alcoholic is expected to respond to the items that are listed in key one. You multiply your total number of such items which are responded in that particular direction by 2. You subtract the number of items that were scored in the alcohol direction on key 2, and then you add the interview score from key 3 and multiply that by a weighting of 4.

This gives you some idea of the relative weighting of the questionnaire and the interview key. The weightings were derived to give us the best discrimination. As an example, suppose on key 1 he scores 10, multiply the 10 by 2, that would give us 20. On key 2 he scored 3 in the alcoholic direction. Subtract the 3 from the 20. On key three he got a score of 12. Multiply that by 4 which gives us 48. Simply add that up and you get 65, and that is the total score on the questionnaire and interview.

Now to assist the probation officer or whoever is doing this we have developed a summary sheet (Figure 2). What he does is to take the three pages in the questionnaire and looks down each page. He looks down the first page and sees that there are three items responded to in the alcoholic direction. He then goes to the summary sheet and marks a 3. He then goes to the second page and there were 5 items so he marks down a 5. On the third page there were 2. Then he uses the second key and sees that there were 2 items on page one scored in the alcoholic direction, 1 on page 2, zero on page three. He adds these all up and he gets a total score of 10 on key 1, and 3 on key two. You do the same kind of things on the interview, except here we have 15 pages and you can mark down the score obtained in the alcoholic direction on each of the pages. You then add up all of the numbers of each page and it comes to 12. Take the score, multiply by 4. Then you add the two subscores for a total of 65. The summary sheet is also used for other matters that I will go into later on.

When we went through this procedure and we applied the keys that we developed, (that is, the key developed on one half of the group applied to the other half of both the control and the problem drinker groups, as it is done in the validation procedure), we got these distributions (Figure 3) for the samples that we used, the alcoholic samples and control group based on total score. We are aiming to get as much differential between those two as possible. The more apart they are the better discrimination we will have. In the Figure there is a good deal of separation, and naturally there is some overlap. There isn't any psychological test developed yet that has perfect validity.

In Figure 4, we see the scores for the female subjects, using women alcoholics, and of course, there weren't that many. But there is complete separation in the way that they scored compared to the female controls.

Figure 5 shows the distribution for the male subjects. It shows that none of the male alcoholics scored below 45, but it looks like one of the controls scored up to 120. That illustrates a problem, but none the less we have fairly good discrimination between the two groups.

With Figure 6, look at age groupings. This is the youngest age grouping, 16-25 years. We can see a reasonably good discrimination between the controls and the alcoholics.

Figure 7 shows the 26-35 year group, and a pretty good discrimination again.

Figure 8 shows the 36-45 year grouping. Again, this shows for example that none of the alcoholics scored less than 60. One of the controls scored between 90 and 104. These are score categories. It is potentially possible to get a negative score. That is what the

Questionnaire and Interview Summary Sheet CASE #

1. QUESTIONNAIRE #	2. YES	3. SUBJECT AREA
5		Spouse's Health Poor
14		Recent Stress
11, 27		Financial Difficulties
		(Mental Health)
22		Abnormal Problems
16, 29, 33, 54		Nervousness
17, 31, 39, 56		Sadness or Depression
26, 48, 49		Self-Denunciation
28, 53, 55		General Dissatisfaction
20, 41		Sleeping Problems
19, 42, 47		Worry, Fear
59		Boredom

QUESTIONNAIRE SCORE		PAGE			PAGE TOTAL	KEY	TOTAL
		1	2	3			
	Key-1					(Key-1)x2 =	
	Key-2					(Key-2)x1 =	
						Q-QUESTIONNAIRE SCORE =	

INTERVIEW SCORE KEY-3	PAGE															PAGE TOTAL	KEY TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
																	(Key-3)x4 = I-INTERVIEW SCORE =
																	QUESTIONNAIRE SCORE =
																	FINAL TOTAL SCORE :

Figure 2

BEST COPY
AVAILABLE

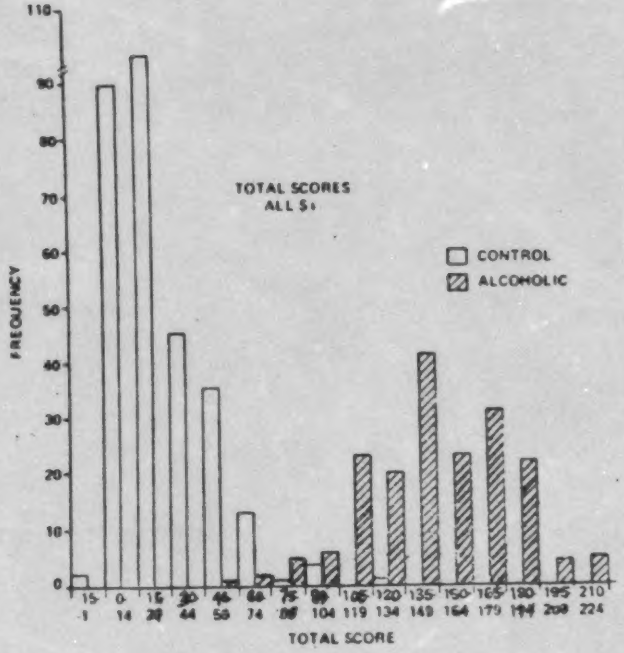


Figure 3

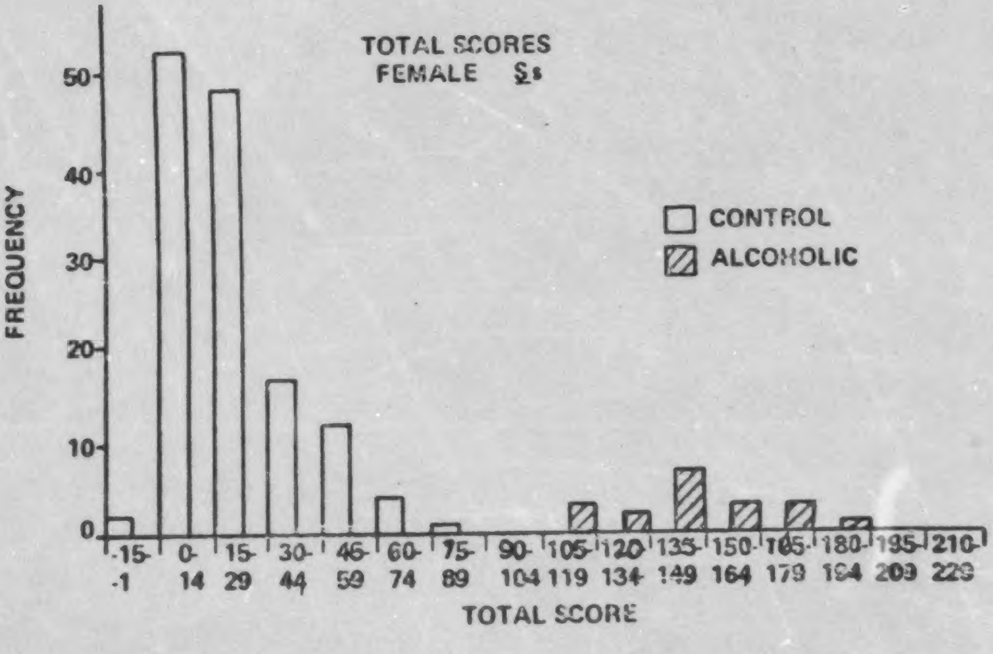


Figure 4

BEST COPY AVAILABLE

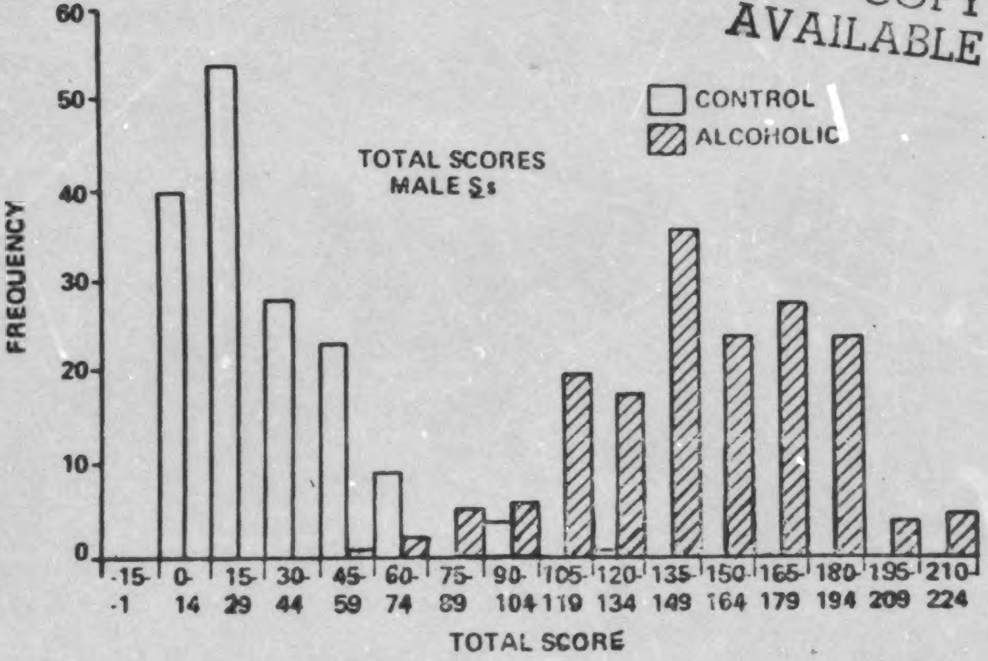


Figure 5

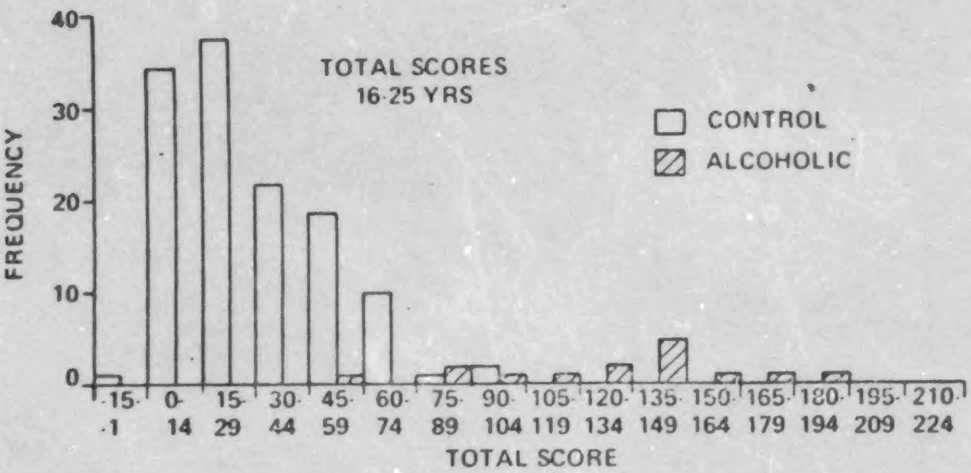


Figure 6

BEST COPY AVAILABLE

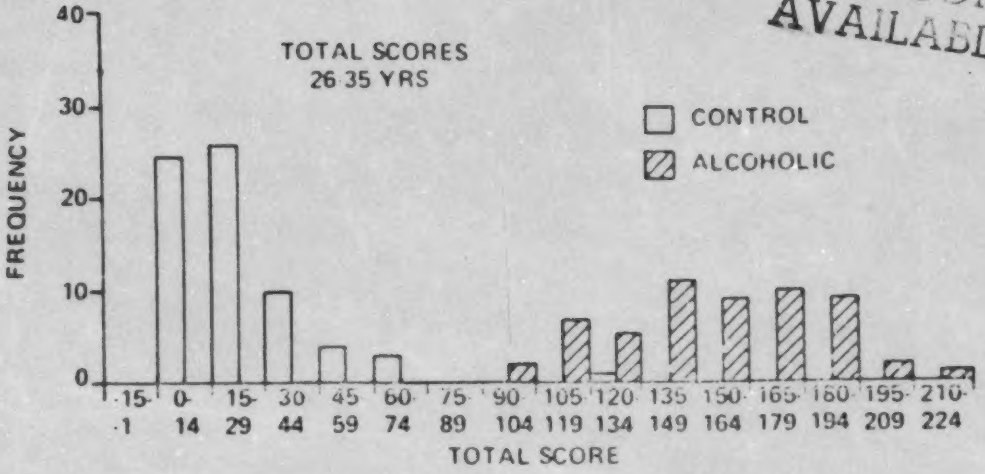


Figure 7

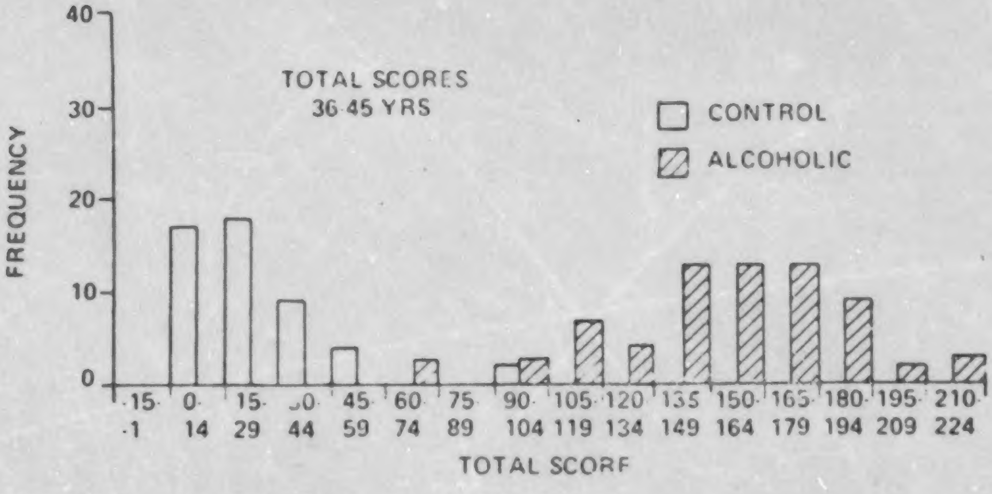


Figure 8

minus 15 to minus 1 is in the lower left hand side. Then it goes from 0-14, 15-29, 30-44, 45-59, and so on.

Figure 9 shows that in the 46-55 age group one of the alcoholic group scored below 89. It looks like one of the controls scored in the 90-104 category.

Figure 10 shows the 56-65 group.

Figure 11 shows the over 66s. I think that what you might see coming through here is that very few of the alcoholics tended to score below 60.

That was for the total scores using the questionnaire and the interview using the scoring devices that I explained before. It would be possible for us to use the questionnaire separately, or possibly the interview separately. This may be necessary in some cases. Figure 12 shows the split in scores by score grouping, for the questionnaires for all the subjects split by alcoholics and control groups.

Figure 13 shows the interviews on all of the subjects, and again you can see a pretty good discrimination. Not many of the alcoholics scored below 60.

Figure 14 gives you a better idea of the actual discrimination of the test using the total score for the questionnaire-interview. These kind of curves are called ROC curves. What this shows you on the lower axis would be the proportion of controls that would be classified as problem drinkers. Remember that it's possible to make at least two mistakes, and that is that an alcoholic can be classified as a control and a control can be classified as an alcoholic. These are considered a miss in the procedure. The others are hits. Hits are correctly classifying controls as controls, and alcoholics as alcoholics. Anyway, I think that it should be fairly evident, that if we use the total score, that is, using the questionnaire and the interview, we can correctly classify better than 90% of the alcoholics, while classifying an extremely small percent of the controls as alcoholics. Probably less than 1.0%.

Figure 15 shows the scores for males. The higher up it is into the left hand corner, the better your discrimination.

If we use questionnaire scores alone we see that our discrimination is not quite as good (Figure 16). In other words, this is an extreme example, if you want to not call any of the controls problem drinkers, we will only correctly identify about 45% of the alcoholics. But nonetheless we would still do pretty well because you could probably get 80% of the problem drinkers identified and have only something like 2 or 3% of the controls identified as the problem drinker.

This is the same thing using the interview scores (Figure 17) which does a little bit better because as you can see it has about 92 to 93% for the same miss rate compared to the questionnaire.

Based on these kind of charts that I have just shown you, we have suggested the following scoring cutoff. That is, if a person scores 85 or above on the total procedure, questionnaire plus interview, we feel very confident that we could label him as a problem drinker. If he scores 60 to 84, we believe there is quite strong evidence that he is a problem drinker. You recall that none of these problem drinkers scored less than 60. Less than 60 however, there is some risk that you may start misclassifying the controls as problem drinkers. So we say that a score of less than 60 is probably not indicative of a drinking problem.

It is possible to use the interview and the questionnaire separately. However, you don't do as well as you would with the total procedure.

The questionnaire and interview summary sheet, which is also provided in the manual (Figure 18) is used to facilitate the scoring procedure, that is, the questionnaire score and the interview score, and then it also has some other items which can be useful for determining the treatment needed, because we have listed in the top box in the questionnaire items which are indicative of various types of psychopathologics, physical health, and then mental health. These things if they're marked, if the individual responds

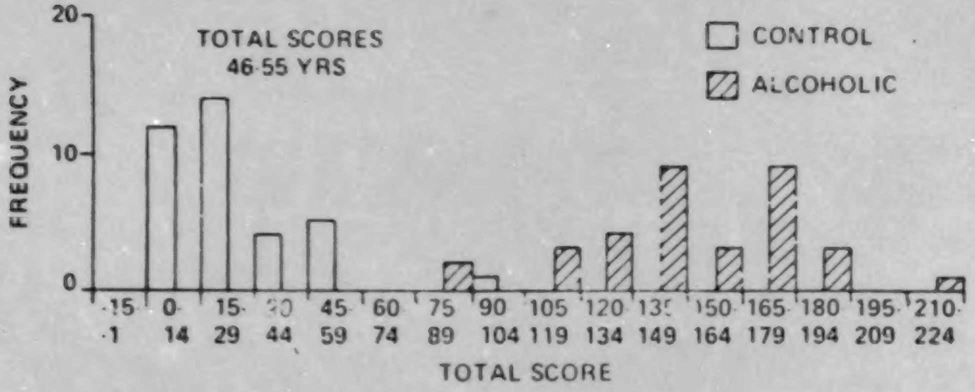


Figure 9

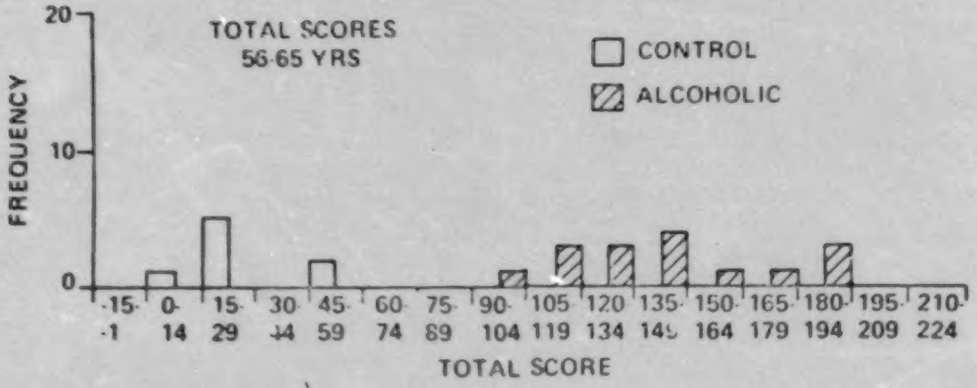


Figure 10

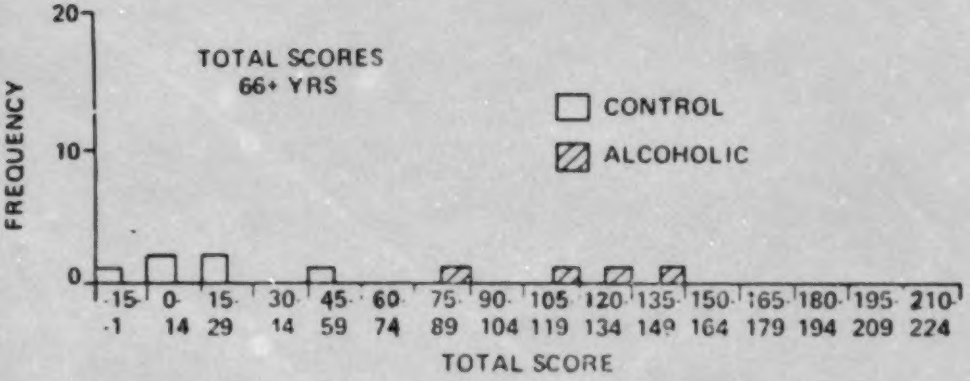


Figure 11

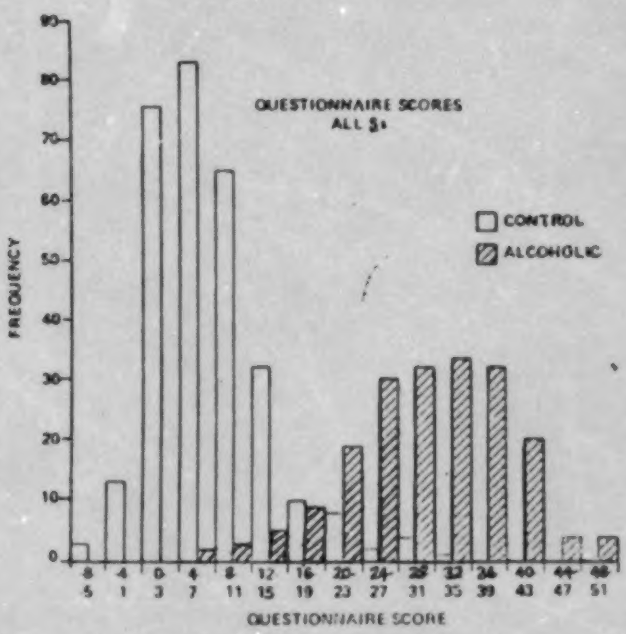


Figure 12

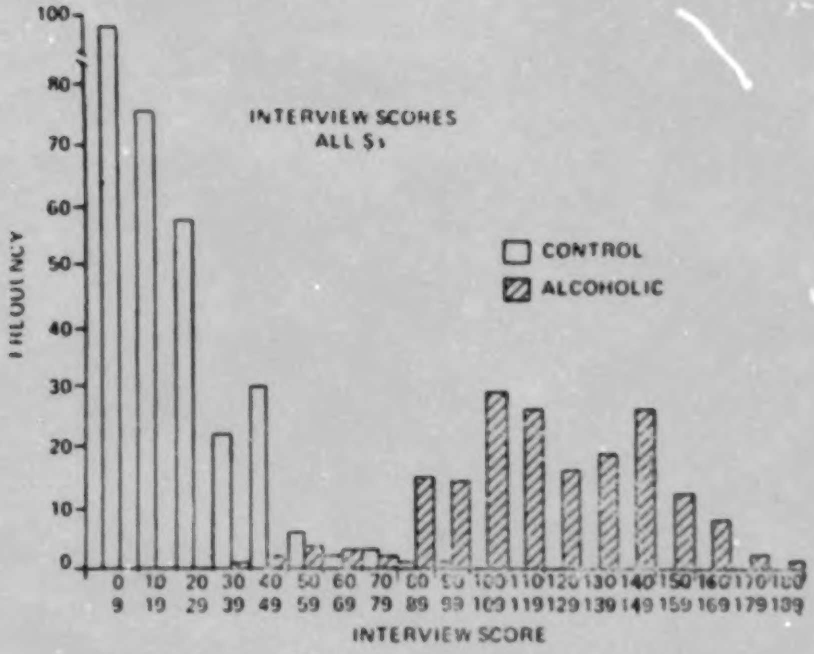


Figure 13

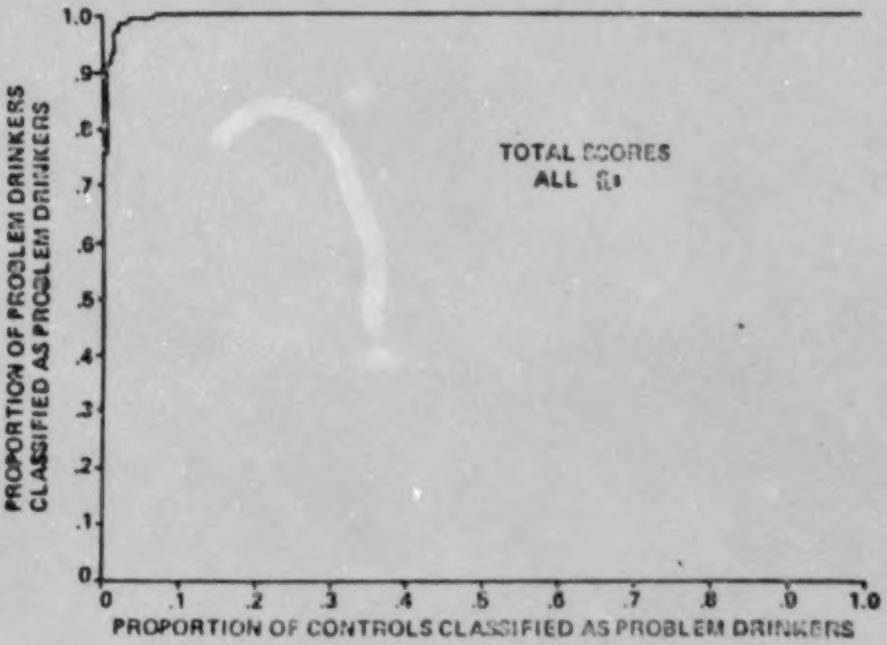


Figure 14

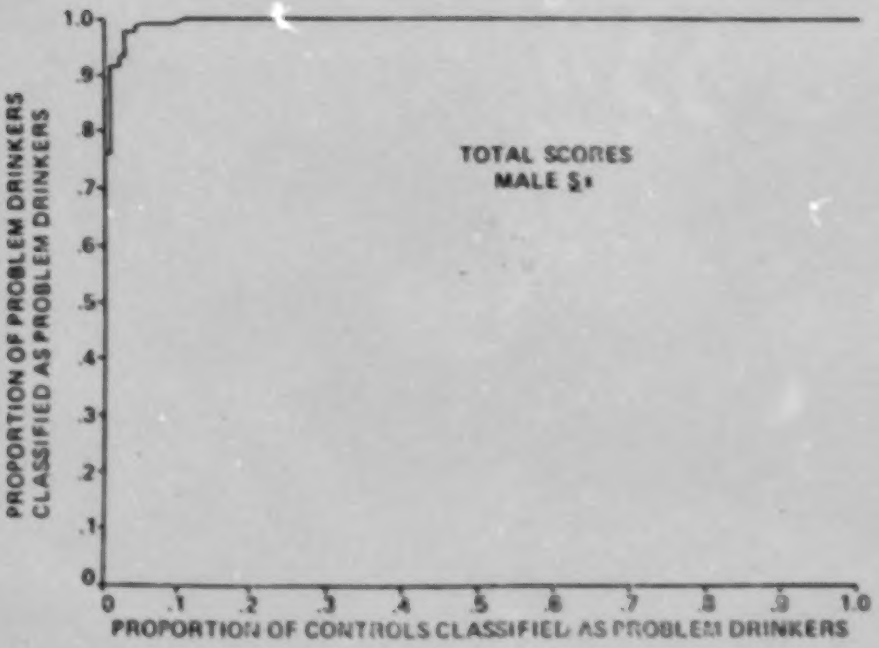

1.0
.9
.8
.7
.6
.5
.4
.3
.2
.1
0
PROPORTION OF PROBLEM DRINKERS CLASSIFIED AS PROBLEM DRINKERS
TOTAL SCORES
MALE Ss
0
.1
.2
.3
.4
.5
.6
.7
.8
.9
1.0
PROPORTION OF CONTROLS CLASSIFIED AS PROBLEM DRINKERS

Figure 15

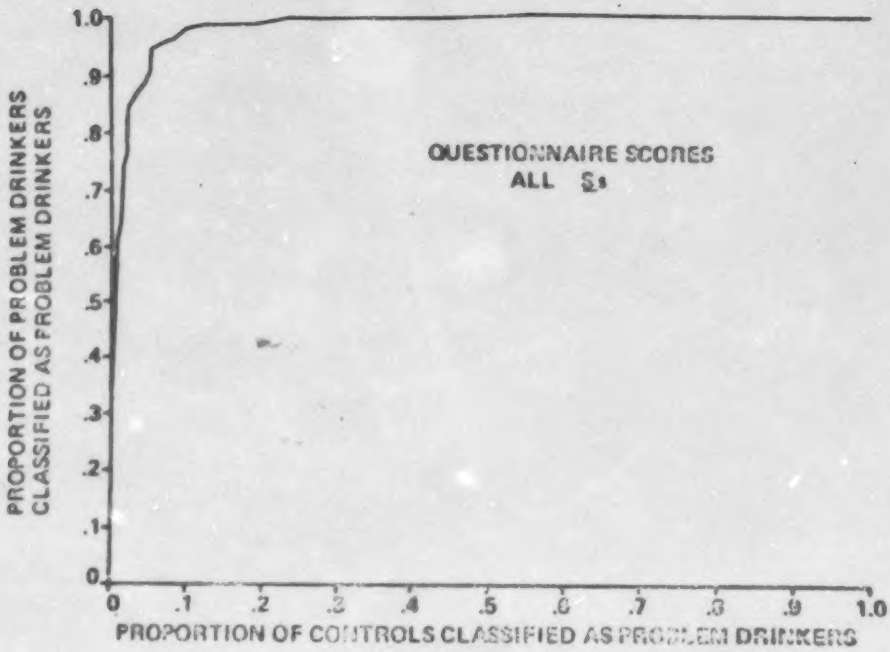


Figure 16

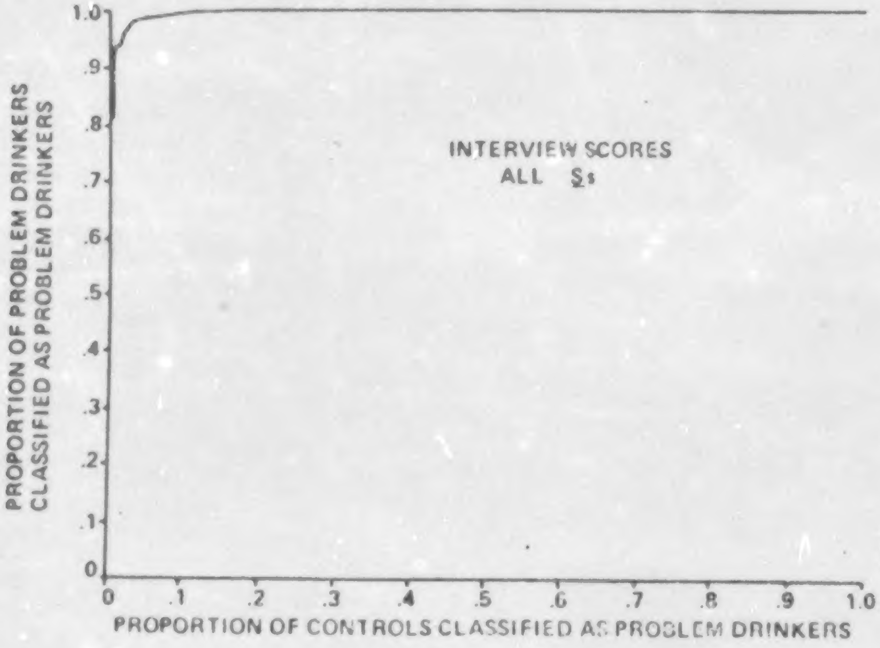


Figure 17

Questionnaire and Interview Summary Sheet

CASE #

1. QUESTIONNAIRE #	2. YES	3. SUBJECT AREA
5		Spouse's Health Poor
14		Recent Stress
11, 27		Financial Difficulties
		(Mental Health)
22		Abnormal Problems
16, 29, 33, 54		Nervousness
17, 31, 39, 56		Sadness or Depression
26, 48, 49		Self-Denunciation
28, 53, 55		General Dissatisfaction
20, 41		Sleeping Problems
19, 42, 47		Worry, Fear
59		Boredom

		PAGE			PAGE TOTAL	KEY	TOTAL
		1	2	3			
QUESTIONNAIRE SCORE	Key-1					(Key-1)x2 =	
	Key-2					(Key-2)x1 =	
						Q-QUESTIONNAIRE SCORE =	

INTERVIEW PAGE #	YES	SUBJECT AREA
3, 4		Poor Physical Health
4		Disability; Related Problems
5		Previous Arrests #________ Had Been Drinking #________
5, 6		Poor Driving History
6-9		Indication of Physical Dependence on Liquor (compulsion to drink; trembling hands, morning vomiting and nausea)
10, 11		Marital Problems
10, 11		Family Problems
12, 13		Poor Work History

	PAGE															PAGE TOTAL	KEY TOTAL
INTERVIEW SCORE KEY-3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		(Key-3)x4 =
																	I-INTERVIEW SCORE =
																	QUESTIONNAIRE SCORE =
																	FINAL TOTAL SCORE :

Figure 18

BAC, DRIVER AND CRIMINAL RECORDS TALLY SHEET

1. BLOOD ALCOHOL CONCENTRATION AT THE TIME OF ARREST:

   1. Not tested________ 2. Refused______

   3. First reading______ 4. Second reading____

2. DRIVING RECORD (not including current offense)

Type of Conviction	Total Number	Years	
DUIL	____________	_____	BAC___#
Impaired	____________	_____	BAC___#
Reckless	____________	_____	
Total Moving Violations (including the above)	____________		
Total Number of Accidents	____________		
Alcohol-Related Accidents	____________		

	Yes	No
Is there a record of suspended license?	_____	____
Is there a record of revoked license?	_____	____

3. CRIMINAL HISTORY (Do not include DUIL offenses here, but cross-check to make sure they are tallied with driver record information).

	Total Number
Previous alcohol-related nondriving arrests	____________
Previous nonalcohol-related arrests	____________
Total previous arrests (combine 2 above)	____________

Figure 19

to the question, can be indicated on the summary sheet which will help subsequently in coming to an evaluation for the treatment needed. The third box is to do the same kind of thing for the interview.

The Blood Alcohol, Driving and Criminal Record Tally (Figure 19) is a summary sheet on which the interviewer will write down, if he knows, what the blood alcohol was at the time of arrest. This, of course, is a useful indicator, as is the driving record which is an all important indicator to help identify whether the person has a drinking problem or not. If he has a DWI driving record, and his criminal record also can be helpful, together with the responses to the questionnaire/interview information summarized on the summary sheet, particularly in those cases where he scored at the presumptive problem drinking level and you need some additional information, will help you make the decision with more confidence.

Finally, we have another sheet which we believe will be useful for making an evaluation of what kind of treatment is needed, and also what kind of agencies are available. We believe that the court probation officer or pre-sentence investigator doing the interview should have made a listing of what agencies are available in his community before hand. He should have this before him and match up the treatment needed with available agencies. Of course, if there is not an agency available to carry this out then there is no use in recommending a treatment that requires that type of agency.

Simply and briefly Volume 2 is going to list what we think should be the qualifications of the interviewer, what kind of training he has to have, and so forth. We also have a bit of a question and answer section, trying to anticipate what kind of questions the interviewer might have. We indicate the rationale for the items that were used in developing the questionnaire and also some of the principal effects of alcohol abuse. This is just auxiliary information that you might turn to.

Volume 3 simply has the scoring keys in it which we think should be separate from the basic procedures because they are somewhat confidential and obviously should not too readily become public property. They will indicate what the scoring code is and how you go about doing the scoring, and what safeguards should be taken to retain these reasonabley confidential.

Prototype Community Demonstration Programs on Re-Educating the Drinking Driver

Harold Sackman

Dr. Sackman has recently been appointed Senior Research Leader at the Public Systems Research Institute of the University of Southern California. He received his Ph.D. degree in Psychology at Fordham University. Dr. Sackman has pioneered in the scientific study of the human use of computers since 1953. *Man-Computer Problem Solving* was published in 1970, *Mass Information Utilities and Social Excellence* in 1971, and *Online Planning*, of which he is senior editor, will appear in 1972. Dr. Sackman has appeared in this country and abroad, on interview programs concerned with the impact of computers on society. He is a member of the American Psychological Association, the Association for Computing Machinery, the American Association for the Advancement of Science, and Phi Beta Kappa, and is listed in American Men of Science.

The prototype we are developing is intended to provide initial experience for use in the national ASAP program. Now please keep in mind that we are pioneers, and you know about pioneers. They are the guys who get the arrows in their backs, and we hope to get as many of the arrows in our backs first, so you will have fewer in your backs when your turn comes. We will try to describe the experience that we have been through and the pitfalls that we have encountered in the hope that it will provide some benefits and lessons for you.

My talk will cover two broad areas. First, the plan that we have developed, and secondly, the experience that we have accrued to date. Our first task was the preparation of a plan. What we did, very briefly, was to spell out the plan in detail, write it up, cost it out, indicate the objectives, and define the measurements and evaluation procedures we thought were valuable and useful. We had it critiqued by an expert review panel gathered from the community, police, judges, lawyers, public health, group therapy, and so on. Project results will appear in two volumes. Volume I is a manual which will spell out the steps in setting up a re-education training program for rehabilitating drunken drivers. Volume 2 represents the specifics in our own particular experience in the Santa Monica prototype.

The first chapter in Volume 1 is a chapter on planning the community action program. The objectives we followed are essentially those of an exploratory study to get a wide range of experiences to pass on to you. Emphasis is on feasibility of program alternatives, action alternatives that you might take. We were also interested in program acceptability. Approaches have to be accepted by the community, by DWI offenders, by courts, the police, and so on in order to have any chance to be successful. We were also interested in cost, for there are only very limited public resources available, and the program must eventually be self- sufficient and stand on its own feet, after DOT support phases out. We were also interested in effectiveness. How effective were the various procedures? Now, in this connection, our study is not put forth as a scientific validation study. It is primarily oriented toward practical problems and solutions. We do not have the resources nor do we have the mission to set up a tightly controlled scientific study.

So, with this in mind, what type of program did we in fact set up in our plan? I will discuss the plan first and then the limited experience to date. Our plans calls essentially for a 12 week program to re-educate convicted drinking drivers. The plan we used was essentially an eclectic approach. We don't believe that there is any single best way to rehabilitate and re-educate the drinking driver, because he represents such a wide variety of problems, and because there are no really convincing studies that one technique is more powerful and more effective than other techniques. So we used a variety of approaches.

Essentially it works in this order for convicted drinking drivers. First, we give them an intiial interview to assess the extent of their drinking problem, and to classify the type of problem they represent from the point of view of re-educating them. Part of the interview is the administration of the University of Michigan questionnaire to help detect problem drinkers. Then, if there are useful referral services that seem obvious, we refer the individual to these; for example, further consultation, medical service, or legal services. This occurs the first week.

The full program is set up to have individuals come once a week for 12 weeks in a row, 2 hours each week, on a week night so that his attendance at this program would not interfere with his performance of his job. We found this to be a reasonable way to proceed and we have not encountered major problems along these lines.

The next step, after the first week of interviewing, is four weeks of classes where subjects get information on the effects of alcohol and its consequences for driving. The next six weeks are spent in group therapy sessions in smaller groups aimed at the individual's particular personal, unique problems that led to his offense and conviction. We try to get him to obtain some insight on his personal problems, and how he can do something about them. Finally, the 12th week is an exit interview where we get evaluative information from the subject. We also provide final referral recommendations for follow on work if this is deemed useful and necessary.

So far, I have mentioned interviewing, counseling, classroom procedures, and group therapy. We also have crisis intervention procedures; this amounts to the use of a hot line and emergency pickup throughout the entire 12 week period. The hot line is simply a matter of the individual being given a telephone number which he can call if he feels he is in serious trouble and wants some help. In addition, we have an emergency pickup procedure which is available throughout the 12 weeks of this program, which will get the individual a taxicab to pick him up if he is too drunk to drive himself back home. He gets a free cab pickup and is taken to his home. So, all told, we have these various counseling, teaching, therapy, and crisis intervention approaches which we have mixed together in this particular format. We are not claiming that we have the magic mix or the right amount of time. It is an initial configuration to see how effective these various procedures are, in separation, and in conjunction.

We also have a variety of evaluation procedures. These essentally amount to paper-and-pencil reports on the part of the subject, instructors, group therapists and those who receive the hot line calls. These forms provide feedback on the overall effectiveness of the program, and for each event that each individual has in the program, including each class session, group therapy session, hotline call, and individual interview. Each individual fills out a very simple feedback form indicating if he feels that he was really receiving help from the program; and we ask for evaluationsfrom the group therapist, the class leader, or the interviewer as to whether he was providing useful help to subjects. This gives us continuing feedback on the program, and an opportunity for management intervention in the event something starts going wrong. As an example, let's say that a class leader may not be effective, or perhaps two subjects continually get into fights with each other. We can reassign them to different groups before the situation becomes intolerable.

In terms of numbers of subjects, we have a total of 60 for the full program. These break down into two classes of 30 each for instructional sessions, and four groups of 15 for group therapy. We feel that these are reasonable cost-effective group sizes. In addition, we also have a control group of 60 subjects who only receive hot line and emergency pickup services.

Now, what is our experience to date. First let me tell you that we have only gotten to the point where we have assembled enough subjects to start our first class; we have only just initiated the program. Although we can not give you a comprehensive report at this point, we can report some interesting experiences that might have some value to you in your own programs.

In connection with court liaison procedures, we have been extremely fortunate in that the chief municipal judge working with us is very highly motivated and has been extremely cooperative. He has passed the word along to his entire court, to the public defenders, and the clerks. They have made it a point to be thoroughly briefed on our program and to handle the subjects precisely the way we have spelled it out. This required a period of extensive briefing and contact with the judge. We have enlisted this judge, for example, as a member of our expert panel. This role brought him into our early lead time planning, and gave him an opportunity to critique the program. If there is resistance on the part of court personnel, I think it is well worth the investment to put in a considerable amount of time and effort to explain the program to them, and educate them on the nature of the goals and objectives. Anything you can do along these lines is well worth the investment.

Now next is the expert panel. This could be a very useful political ploy, as well as providing you with useful feedback as to the soundness of your program for your particular community. If you pick someone who is prominent in police work, the chief judge that you are dealing with, a prominent psychologist in the community, an eminent social worker, a public health officer who has had extensive experience working with alcoholics, and so on down the line, they pass along the program by word of mouth to friends and acquaintances, and this spreads. If they are enthusiastic, they will help develop a favorable attitude in the community, which can go a long way towards making a program successful. If they are well informed, they will give you good feedback on the weak points of your program, and you will have a chance to correct some of your errors before they actually hit you out in the field.

The area of publicity is a much more difficult and tenuous area. We have had one experience to date. The local newspaper, *The Santa Monica Outlook*, published one article on our program, very favorable, and well organized. However, we goofed. Although we mentioned the names of the judges in the initial interview with the reporter, they did not name the judges specifically in their article, nor did they give us an opportunity to look at the article before it was published. They did read it rapidly over the tele- phone to us before going to press. However, when the judge saw his name was omitted—and he is up for re-election this year—he was miffed. He gave us a buzz and said that it would be nice if judges would be mentioned in future articles. That is the kind of thing that you will encounter, and you never know how it is going to hit you. Very few reporters will give you a copy and let you see exactly what they are writing. They prefer to play it their own way. I think we were lucky in getting him to open up with us exactly what he had in mind. But you run the risk on either side. If they don't publish anything, you get very little publicity. The more they publish, the more difficult it is for you to exert some kind of control on what they say. You are walking on kind of a tightrope here, and you have to find out the hard way. You may want to avoid certain newspapers and certain publishers, because you never can predict just what might come out of their pens.

In connection with the hot line, what we did was lean on the existing facilities in the community. What happened to us might very well happen to very many communities represented here today. We went to a hot line called *EXHELPS*. or if you have a drug problem and you would like to talk to someone about it, you call them. We simply asked these people if they would provide support for us in regard to hot lines for a drinking driver group, and they were very happy to do it. EXHELPS is run by volunteers and it costs us very little, mostly the cost of a telephone call itself. They required minimum training because they are well versed in their art. These volunteers received extensive training from such people in the Los Angeles area as those working in the Suicide Prevention Center. With only a little retraining, they were able to handle the kinds of problems that came from our alcohol group.

If you have a suitable agency in your community, a minor amount of training for your program will reduce the amount of training time that you require and it will tend to increase your effectiveness, because you can take advantage of all of the experience that they have. You could never build it up from scratch on your own. It pays to look around carefully in your community to see if you have such resources to draw from.

In the emergency pick-up area, that is, getting a cab to pick up an offender when he is drunk so he won't endanger himself or others by driving a car, we had a basic choice. Should we set up our own taxi service or should we use an existing service? There are many pro's and con's to this. In our case, we came to the conclusion that the best route was to use an existing taxi service. When we costed it out, what it would run to set up our own dispatching service, to get our own drivers, to have them licensed and bonded, to have them specially trained, and to cover all of the problems that would arise on round-the-clock availability, it was a tremendous figure. It is far cheaper to operate within existing facilities. We used the local cab company, which felt confident that it could handle problems of this type.

In connection with the initial interview, we found that people at the college graduate level, particularly those trained in social science, are ideal for these interviews. They understand the need for standardization of interview forms, following the instructions that are provided, and the types of controls required. In a sense, these kind of people are over-qualified for this task. If you use court personnel to do this, I think you need a certain amount of additional training on what these instruments mean, and how they should be administered to get valid and useful results. In our case, training was relatively minimal to get them on board. It essentially amounted to a briefing on the nature of the program what we were trying to accomplish, and practice sessions at which one interviewer would give a live interview to another interviewer; then they would switch roles so that each would have some idea of what it is like to be in the interviewer's position and in the subject's situation.

We ran across an interesting problem in connection with group therapy which you might encounter in your own community, especially those who operate in the larger metropolitan areas. We were delighted to find that there were ex-alcoholics who were running group therapy sessions in the general Los Angeles-Santa Monica area. We thought that we could use them, but when we approached one group, we found that there were also other groups who were extremely jealous. So we had a problem in diplomacy. But we had an easy out, because we were able to use local talent at USC with relevant experience in a prior alcoholic countermeasures project that we ran. If you solicit help from your community, make sure you examine key alternatives carefully, and that you are not rubbing people the wrong way by favoring one group over another. They can be jealous and possessive in being associated with such a program. It's a feather in their cap. Make full use of available capability, but make sure that you haven't left any of these stones unturned.

This is essentially our experience to date, it is still very early, very new. We will be preparing, as I mentioned to you, two basic manuals. The first will be a general manual, spelling out how to actually go about planning, implementing, and running a community action program. And the second will be the actual results that we observed in Santa Monica. We hope these will prove valuable to you in your local ASAP effort.

Public Education Programs

Dwight Fee

Mr. Fee is Public Education Program Officer, a lecturer on communications, management and organization development for the U.S. Civil Service Commission, and has served as a consultant to many Federal and local government agencies and private organizations in the planning and execution of training and development programs. Mr. Fee is a graduate of Miami University in Oxford, Ohio. He was Executive Director of the North Carolina Traffic Safety Council and Executive Secretary of the Interagency Highway Safety Management Committee of the Governor of North Carolina before joining the National Highway Safety Program in February, 1967. As a member of the Office of Grants and Liaison he participated in the initiation of the State and community grant program and later served as a contract manager in the Office of Demonstration Projects.

I want you to do something for me. I want you to answer two questions. This is particularly for the project directors, but the evaluators can go ahead if they want to. I want you to write down the answers to two questions and then pass them to the end of the table for me and they will be picked up in a moment. The first question is, "I want at least some portion of the public education time on Wednesday to be devoted to ________________." That is the first question. Because we have most of the morning Wednesday to talk about public education. I want to be sure that the things that we talk about are the things that you want to talk about. The second question is "My chief concern or problem in the public education area *now* is ________________." Now there may be some overlap or duplication there, but I want to make sure that what we do will be something useful to you.

What is the most powerful word in a salesman's vocabulary? If you think about the labeling of packages and TV commercials there is one word that is more used than any other and just never seems to get worn out? New! New! New is the strongest word in a salesman's vocabulary. The all new Tide etc., etc., etc. What's new about drinking and driving? This is what we have for sale to the public. They've known about the problem for fifty years. We've all known that it is the social drinker that causes all of the problems and it is absolutely immoral to drink and drive. We have been knowing that for fifty years. Now we've got something new. Now for those of you who have been working on proposals and so on, this is all old hat, you have internalized this. But the thing that we forget is that it is new to most people because sixty percent of the high activators in our culture, the people on whom we are depending to actually implement the countermeasure program believe that it is the social drinker that causes the problem. He has no knowledge about the role of the problem drinking driver in fatal traffic accidents. Sixty percent, less than the standards of David Walter or Jacques Cousteau or that kind of television documentary.

Another area of our effort will be what we call promotion and field exploitation. Now this is getting away from the mass media and I think it is a more promising area because it depends on our ingenuity and energy rather than so much on competing with other advertising. One of the most exciting things about this is that it reaches individual people, the high activators, whom you've got to have if you are going to make one of these ASAP's go. One technique that we want to use is what we call the local market tour. When we were in Denver and talked with the nine ASAP sites there, they were very excited about the idea of taking sports figures and Hollywood celebrities, and bringing them into a local market. They are trained in advance. They come and make all the media, radio, TV, newspapers, talk shows, and so on, the first day they are there and get a shot on a news program at the same time. The second day they go to particular civic groups or official groups which you have decided is where the big need is, and they open doors for you and get you into places which you might not have gotten in so readily yourself. This is just one possibility. We plan to have a high degree of media exploitation, developing materials for slides, speeches, a central news service which would generate editorials and so on that would go out to editors across the country. A feature mailing service, releases to the dailies and so on. Another idea that they are working on is a program called "Fifteen Minutes to Save Fifteen-Thousand Lives." This will be an effort to get on to the program at various national conventions and meetings, for fifteen minutes to describe the alcohol countermeasure program. This is a tried and true technique. Where confidence is developed with the people holding the convention it would take no more than 15 minutes. You go on and go off and you can get on programs with everybody from the American Medical Association to sales management meetings at Westinghouse. Of course, we'll try to prepackage your presentation. We have an exhibit already underway moving around the country for this same kind of activity. A special effort is going to be aimed at the medical and paramedical area to try to influence their practice along this question about the drugs being mixed with alcohol and the effects of that. A lot of people in the medical profession, in psychology and social work, are overlooking the consequences of driving by people with alcohol problems. We will be using print advertising in those specialty areas as well as direct mail.

I don't want to take more time describing the Grey Campaign. It is not finished, and I think what we should do is save that until we can be more specific. Let me say that it will be unveiled at the University of Michigan in September. We are going to have the public education personnel from all the ASAP's for a three day conference sponsored by the School of Public Health and the Highway Safety Institute and you will get a look, not only at the Grey Campaign, but also at all the other campaigns being organized nationally by your commercial advertisers, Allstate, State Farm and so on, and the voluntary groups, for instance, National Safety Council, and the Council on Alcoholism. This will be an effort to do two things. Number one, to try and organize a national mass media effort as best you are able to on a voluntary basis, and secondly, to train the public education personnel from each of the ASAP's. Now these will include some actual technical kinds of sessions on how to use video tape, on how to run a speakers bureau, how to get the most out of this and that, and so on. It will be a real down to earth practical session for public education personnel.

One thing that I might say is that we plan to try to help you develop total comprehensive public education efforts within an ASAP. I have the feeling that a number of you are preoccupied with television. Now you can talk me out of this, but I have a feeling that you're missing a bet with an across the board emotional effort, because you have to have that face-to-face communication, and you have got to have time with people, groups, and talk shows and so on. This preoccupation with spot television, I think, is a very hazardous bag for us to get into.

I will plan our next session on the basis of the sheets that have been passed in.

National Evaluation

Alfred Crancer, Jr.

Mr. Crancer is in charge of the National Evaluation of the Alcohol Countermeasures Program of the National Highway Traffic Safety Administration. He has had nearly 15 years experience as a staff level statistician in industry and government. Mr. Crancer is a graduate of Arkansas State University and has a Masters degree in mathematical statistics from the American University. He is the senior author of one of the first scientific studies on the effects of marihuana, "The Effects of Marihuana and Alcohol on Simulated Driving Performance," published in *Science*, and has published numerous other research articles that have appeared in such journals as the *Journal of the American Medical Association*, *American Journal of Psychiatry*, *Northwest Medicine*, *Traffic Quarterly*, and *California Journal of Traffic Safety Education*.

For people who know government programs, the ASAP program is somewhat unique. It is not especially unique in that it is national in scope, there are a lot of nation-wide programs. What to some extent is unique is first the amount of money we are spending on direct evaluation in each and every ASAP project, 10 to 15%. Secondly, the program is really unique in that we are pretty bold at the national level to try to put the reputation of what we are doing on the line, and evaluate heavily the effectiveness of the program. The third thing that makes this program unique is that at the national level we are going to try to summarize the evaluation in maybe 40 to 50 ASAPs, and report this information on up the line. What we are really trying to do in evaluation very briefly is to translate ideas into action, that action into data, and turn that data into evidence of success or failure. In summary you really have a unique opportunity to evaluate a new program.

Now what we are doing at the national level is not just designing a national evaluation system, we are also trying to develop a management information system to complement and supplement the final evaluation program. I look at the management information system in evaluation as an early warning system. Whatever we do in the way of evaluation has got to be timely. I don't believe that the program will be around three years from today unless we have information on a timely basis to report to people who are monitoring this program within both the Traffic Safety Administration and on up the line. If we have good news to report, and it comes late, it will literally cost lives. Conversely if we have bad news to report, not finding out about it until it is too late to do anything about it, will also cost us lives.

The evaluation and information system should answer some pretty specific questions. Briefly some of the questions it is trying to answer at the national level are the following:

What countermeasures will be implemented and when?

What are the highlights of the countermeasures program?

Are there any significant problems, progress, changes, recommendations for improvement?

Is the countermeasure program contributing to reduction in crashes?

What combination of countermeasures are working or not working?

What changes should be made now and later?

Are the countermeasures cost effective?

These kinds of questions will be asked at the national level about the total ASAP program and also they will probably be asked at the local level, within the ASAP. In addition we would like to more fully document some other things. The nature and extent of the problem drinking drivers' problems? We don't have all the data we would really like to support our program. There is bound to be some pretty specific and probably some pretty startling information that will come out of the ASAP. We would also like to have some ideas about the future promising research and demonstration projects that could evolve from the ASAP program. And finally we would like to have some guidelines for future ASAPs when each and every community hopefully gets involved in the alcoholic countermeasure program. In summary what we are trying to do in the evaluation of the ASAP information system is to answer questions that will highlight the significant activity and progress. We want to be able to monitor early the development of successful programs, partially successful programs, and programs that are probably going to fail.

The approach that we are using in the national evaluation is roughly something like this: First of all we would like to give general guidance in evaluation to the ASAPs. We would like everyone concerned with the project, namely the project directors and the evaluators, to be up to a certain minimum level of understanding. The evaluation manual which you all have will show our attempt to do this task. In the manual there are also general guidelines on how to evaluate the various countermeasures activities. We would also like to give specific guidance and examples for several reasons. One of the main reasons is so that the data needed at the national level will be collected in each of the ASAPs. Secondly, we'd like to give specific guidance so that a minimum set of data will be collected at the ASAP level. Third, we would like to make sure that the techniques used to evaluate the countermeasures activity will be rigorous enough to hold up under scientific scrutiny. It would really be a shame to come up with some startling results in the ASAPs and find that the way we are documenting these successes is not good enough enough to publish in a scientific journal, or even be really reported at a much higher level. Finally, our approach hopefully is to make sure there is a minimum level of evaluation that is going to be performed in each ASAP.

Actually, to make sure that we get what we want, we should ask for it at the national level. We should not hide what we think we want, or what we think are better ways of evaluating the countermeasure activities. The overriding reason for being relatively specific in our approach is so that we can free the ASAP evaluators for an indepth analysis in each and every ASAP. We know there is a lot of enthusiasm in the ASAP among the project directors and the evaluators and if we can give them some specific help in, for example, designing their evaluation or specific help in developing a data system, they will have more time to do more sophisticated analysis of the ASAP data. They will probably have more time to convince the project director that what they are doing is really going to benefit the local ASAPs. Now there are some dangers in this approach in becoming very specific. It may stifle the creativity of some of the project evaluators or we may come up with some very specific guidelines that don't apply to countermeasures programs with similar titles. This is a very real possibility, but you will have the opportunity to tell us whether you think that it will actually apply and whether they are reasonable.

Another possible danger is that some of the ASAPs will just give us a minimum evaluation because that is all we ask for. I really don't think that will happen because I don't think the project director would let it happen, and I think the enthusiasm is great enough among the evaluation people for them to want to do more than the minimum. Since most of the evaluators are the scientists, most of their backgrounds are scientific. They are going to be very intrigued with the possibility for all kinds of research papers. The project directors will probably have to hold the evaluators down from really going off on a tangent in this area because it is really very, very interesting data that we have.

We do have a staff for evaluation at the national level—we have a staff of one. OAC recognized the value of evaluation so they have a staff of one. It actually is a bigger staff than that. First of all the one is good—me, and we have an evaluation advisor group set-up, with people like Dr. Campbell, Dr. Ron Coppin, Noel Kaestner, Jerry Driessen of the National Safety Council. People like this have been helping guide OAC in evaluation so far. We also have contract help. Probably many of you have met Dr. Promisel, and Dick Blomberg of Dunlap. These people, especially Dr. Promisel, are available full time to help with the OAC evaluation. We also have a lot of help from NHTSA. The help that we have from the NHTSA is a combination of advisory help and occasionally we get some real honest to goodness work out of these people. We have people like Dr. Taylor, from the Research Institute. He gives me all kinds of super sophisticated ideas and he also gets down and is actually partly responsible for the performance measures we came up with. We also have help from Plans and Programs. This is a group within the Traffic Safety Administration that tries to make sure that what we actually do in evaluation will stand up. Specifically, Cal Burkhart helps us an awful lot. He watches what we do to make sure we do what we are supposed to do. He is working on a lot of the day to day activities of evaluation. We have people like Lang Spell in the Research Institute who is going to help us put up a data base in data processing. People like Jim Fell in Accident Invesitgation, who may be doing something interesting in using the Accident Investigation Team to supplement some of the information we are going to get from ASAPs. What we are trying to do is have an effort that is in harmony with other NHTSA goals and procedures. We are not trying to invent the wheel. We do not want to spend a lot of time to come up with something that somebody else already came up with, and that is why we are making heavy use of the specialists help at the TSA level.

In the evaluation of the ASAP program, we are trying to develop a capability to give a horizontal look at the evaluation. We are trying to get people to take responsibility at the national level and look over a countermeasure over all the projects, for example, enforcement, judicial programs, public information and education programs. During the coming months we are going to get information from the ASAPs and eventually we are going to get a detailed plan. It is very difficult for one person to look at an ASAP detailed plan and say this is O.K. and this is not O.K. What we are going to try to do is get some specific person to look for example at Public Information and Education in each and every ASAP so that he can come up with a specific comment on what is good about the program and what is bad about it, how you could improve it, how you could take advantage of what some other people are doing in the way of evaluation, so that when we come to visit you we will have specific comments and questions that we hope will improve your project. Now later on we are going to talk about our performance measures. The performance measures will eventually get through to the national level in the form of reports, quarterly, annual and final. We also hope to give you somy help in organizing your file structure because if you are going to send us this data we would like to be able to very readily transfer this data into our data bank that we are going to develop. If we get the data in a thousand different formats it will be very difficult to make use of it on a timely basis.

What I would like to do now is to just very quickly summarize the things we have done in evaluation. We have completed our evaluation manual. We are going to show you the core set of questions that we would like the ASAPs to review and hopefully use in their voluntary roadway survey and their household surveys. We completed an initial try at developing a minimum set of performance measures. We sort of organized our procedures so that you get a horizontal look at the countermeasures by having a specialist in each particular countermeasure area at the national level. We are trying to develop guidance on cost effectiveness with specialist Jim Sahlburg, HSRI, on this particular project. We are very shortly going to be developing a guidebook for taking data inventory, so that when you go out and start your project it will help you to find out what you have in the way of data and give you an idea of what you need to complete a real good data base. We are also going to try to furnish information on a prototype file structure and format, to make it easier for us and maybe a little easier on each ASAP. I see very little reason why every ASAP in the country should start from scratch and develop a file format when people have been doing this all over the country in the first nine ASAPs. They do not have any set procedure now to hand to you and say "This is how to develop your file format and structure," but they certainly have learned some things in doing it.

In summary, the national evaluation has been designed to help us report your success and to help your ASAPs to be a success. I hope that we get a lot of comments on what we are trying to do during the coming week. I am looking forward to talking to each of the project evaluators and getting specific and open comments about what we should be doing at the national level to help their program be a success, and how we could furnish them guidance that would help at the local level.

NHTSA Legislative Program

Marvin H. Wagner

Mr. Wagner is legislative and judicial analyst and Highway Safety Management Specialist of the Office of Alcohol Countermeasures, the National Highway Safety Bureau, Washington, D.C. He was formerly Executive Director, of the Nassau County, New York, Traffic Safety Board, Administrative Assistant to the Supervisor of Oyster Bay, New York, and in private law practice in New York State. Mr. Wagner graduated from Long Island University and received his L.L.B. degree from Brooklyn Law School. He was admitted to practice before New York State Courts, the U.S. Supreme Court and the Southern and Eastern Federal District Courts. He has published various safety articles, reports and papers in National, State and local periodicals and newspapers and has lectured in National and local safety seminars, conferences and at universities and colleges.

The NHTSA legislative program is in two parts: One deals with our Judicial Training Program, and the other with the Legislative Enactment Program within our States. You will be hearing a great deal more on the Judicial Support of the ASAP Project, but I would like you to know some of the efforts that we are working on.

Within our Judicial Training Program, one of the things we are doing is speaking before various judges' groups. Specifically, we participated in regional American Bar Association Traffic Court Conferences, talking about the drunk driver to the various judges. We have also been participating in State traffic court conferences in Kansas, Indiana, and elsewhere. But I think that you are most interested in the formal training programs that we are anticipating for judges, prosecutors and probation officers.

We have just let out an RFP on the development of a curriculum for the training of judges in alcohol problems at our ASAP sites. Once this is completed, and we hope it is to be done by October 1, we anticipate having another RFP on the actual giving of these courses within our ASAP sites. We also hope to enlarge the course and invite other judges in the vicinity if our ASAP group is not large enough. It depends on the particular ASAP site. We also plan, next year, to develop a curriculum for the training of prosecutors and for the training of probation officers at ASAP sites. You may say that we are just a little bit late, but we are working in this area and we hope to get the programs started as soon as possible.

In my critique of the new ASAP proposals submitted, I have commented very often that you do not have a legislative program, and that there should be one. Often, a certain amount of initiation must be done by those people most interested. You will find that in those States that have an active legislative program it was often started by one legislator who believes in the type of work that we are doing.

We do have a national plan on legislation, and we are working on it right now. Basically the idea is to bring to the attention of the legislators, through the Governor's representatives, the type of legislation that we are concerned with. Obviously, the first thing that we talk about is the four items of legislation within our standard area, that is, implied consent, chemical testing and provision for presumptive evidence, the mandatory chemical testing on all drivers and pedestrains in fatal accidents, and the procedures for chemical testing.

To give you a brief report on these areas, in implied consent we are in good shape. Forty-nine States have implied consent laws. Illinois is the latest State. Their Senate adopted it. The Judiciary Committee of the House has reported out favorably, and we are working very diligently with the House to try to get them to be the last State that adopts this law. The District of Columbia also does not have an implied consent law, and we are working on this matter with Congress.

In the area of chemical tests provisions, the creation of presumptive levels of intoxication, all States now have a law which establishes a presumptive level of intoxication. One of the problems within many of the States is that they are not all in conformity with our regulation in that many have .15 as the presumptive level of intoxication. We are working with those States to bring it down. We now have 33 States that have a .10 or under. Two States, Idaho and Utah, have .08%. Of the remaining 17 States, seven of them have what is called an impairment level, which is a lesser crime than driving under the influence of alcohol, and usually it runs from .10 to .15 as driving while impaired, and .15 and over for driving under the influence of alcohol. We are working to get the other States to come into conformity with our standards. Ohio should pass their law soon. Hawaii has enacted legislation that is now before the Governor. Oregon also now has .10%. So we have 13 or 14 States left that have .15%.

As to the other two provisions, we do not have a State by State count, but I would say about half of the States have laws establishing the procedures for the chemical tests and certification of the operators. Many States have this through administrative procedures which is another way of doing it. We don't care so long as we have the regulations. The one problem with our standard area is the testing of drivers, all drivers, in fatal accidents. We don't have too much conformity with that one. As a matter of fact, the particular standard which required the testing of surviving drivers in fatal accidents is a real hang-up, and is going to require a great deal of effort if we are going to push it.

There are two new bills that the administration has taken a position on (not part of our requirements, but we have sent letters to the Governors asking their support). One is illegal *per se* laws, or unlawful blood alcohol level laws. We have four states Shat have that now — Delaware, Nebraska, Minnesota and New York, where it is unlawful to operate a vehicle at a certain blood alcohol level. In Delaware and Nebraska it is .10. Minnesota now has their's and in New York it is presently .12. The other law which is also getting a great deal of attention, and Minnesota has it too, is the preliminary screening law, where the police officer has the opportunity of testing the operator prior to his being placed under arrest. We have taken a position on these two bills. We have sent letters to the Governors with a model form of the type of bill we recommend, and we have asked the Governors for support.

There are a number of other bills that we are concerned with and we have been talking with various States about. I can mention a number of them, such as civil commitment, where the judge has the opportunity to commit an identified alcoholic to some hospital facility, as opposed to an actual jail term. This is done rather extensively in narcotic cases.

The laws of arrest are something that we ought to look into. Many States do not allow a police officer to make an arrest for a misdemeanor unless it actually occurred in his presence. This has been corrected in some States where special laws would allow a

86

police officer, after a personal investigation, and after an accident, to make this arrest if he finds, or if he believes, or has reason to believe, that the person was driving while intoxicated.

Other States have introduced laws where the arrest procedure is the same as a felony procedure where it doesn't have to actually occur in the police officer's presence. This is something that concerns us because very often a police officer will come upon an accident, and, even though the person is very obviously intoxicated, he cannot make the arrest without a warrant. By the time he goes to obtain a warrant, the blood of the driver is metabolized and you have no further evidence. We go into the question of the suspension and revocation of the registration certificates and plates. Take away the means of driving of these convicted drunken drivers.

We also talk about special drivers registration plates, identifying the problem drinker but allowing the family to use the vehicle. I don't have enough time to go into all of these things, but we are talking with the States on these matters. We talk about occupational or restricted drivers' licenses where, under your rehabilitation program you can give these persons the opportunity of driving during the daylight hours or occupational hours. We talk about adding information to the driver's license application indicating some alcohol history information; reporting of alcoholics by medical facilities and physicians and medical advisory boards.

In driving while the license is suspended or revoked, there are some jurisdictions that do not add on any additional penalties, mandatory jail terms. Chicago is running an experiment now where they have a mandatory seven-day jail term for D.U.I.L.. Their statistics so far are somewhat impressive, but we will have to look at them a lot more carefully. We are giving a great deal of thought to a two-day mandatory jail sentence. I think Tennessee has just adopted a law which has a two-day mandatory jail sentence.

Obviously we talk about court-ordered rehabilitation programs. We have experimental rehabilitation programs in effect in both New York and Idaho where although there is a mandatory revocation of a license in these two States, they allow a person to maintain their license if they are participating in an acceptable rehabilitation program. We are doing this in Nassau County right now, and Idaho just passed it.

We talk about the impounding and even confiscation of motor vehicles upon conviction—again, a means of taking away the tools of the trade, taking away the wheels of the drunk driver. A number of States are using impounding right now. Virginia is testing confiscation. Impounding is taking the vehicle away, holding it for x number of months and then giving it back at the end of that period. Confiscation is the actual taking of the vehicle, selling it, and the proceeds going to the State. As you can imagine, it is a harsh type of penalty, but Virginia is using it, and has been using it for a number of years. You talk about insurance penalties where, in some instances, the State says that after DWI convictions you may not have collision insurance or medical payment insurance. In Europe they use a concept of subrogation by the insurance company. In other words, if a person gets involved in an accident and causes some damage, either personal injuries or property damage, the insurance company will pay the damage but then have the right to subrogate against the convicted driver.

We also talk about dramshop laws which hold the bartender personally liable if they should serve alcohol to someone who should not be served, either an obviously inebriated person, or a minor, or something like that. These are the different laws that we talk about with the States.

What we have done on the national scale is that we have selected 10 States (Vermont, Delaware, Mississippi, Wisconsin, Nebraska, Idaho, New Mexico, Arizona, Colorado, New York) across the country, and we have been meeting with the Governors' representatives and talking with them about these various laws and trying to interest them in developing those concepts within their legislation. We have been very successful

87

so far. Actually, even though the initial plan was for many of these laws not to come into effect or even be worked on until the '72 legislation session, many of these States are already taking some of the ideas and have incorporated them into this legislative session. But the test will be next year.

I would like to discuss briefly a product that we hope to come out with by the end of the year that should be extremely valuable to you. We are calling it the State Alcohol Legislative Status Report, and basically this is what we hope to do. We will take each of these various legislative measures that we have mentioned and in Section 1 we will take the individual measure, the implied consent law as an example, and we would go into the history of the law and how it came about.

We would also develop a model legislative form, the type of law that we would look upon with most interest. One of the things we realized when we started in this legislative program is that when you have 52 independent jurisdictions, they will work independently. You simply cannot take a model form and give it to them and say incorporate this, or use this. Number one, you are taking away their individuality and number two, it has to be built into their existing structure. Of course most often an individual law will also be referred to in a number of other laws and maybe five to six are related to each individual one. You have to look at the whole structure of their legislative program and amend any of the laws that it may be referring to. You simply cannot give them a model form. You must work with them to develop all of the laws together.

We go into the question of constitutionality. Many of these items that we have been discussing have not been tried before. As a matter of fact, the illegal *per se* law, which is in effect in four States, is just now being constitutionally tested in Delaware for the very first time. We have been able to work with the Attorney General in the State of Delaware to help him in developing his brief on this matter.

We are vitally interested in the judicial interpretation. Any one State, when it gets to the very highest court is somewhat of a model for the other States. Ultimately, the U.S. Supreme Court is the one which makes the final determination as to constitutionality, but very often, such as in the case of implied consent, there has been no Supreme Court decision which has said in effect that the law is valid. We use Schmerber vs. California and Breithaupt as examples of chemical test procedures, and we talk of them also as being authority for the implied consent law. On the other hand, we have 20 States where their highest courts have said that implied consent is valid so we've had no problem there. But every time a State does come out with an opinion and if it is against us, unless we bring it to the Supreme Court, the other States will look upon this as some authority or precedent. We will try to determine the constitutionality now, even before some of the States may have adopted it.

We go into the practical use. What do we anticipate to be the practical use of each one of these various legislative items. We hope to have a State-by-State analysis as to where each State is on this particular issue. For example, implied consent. Even though we have 49 States that have an implied consent law, they are not all in conformity as to what we would like them to be. For example, four States have as part of the implied consent law, a provision that if a person is acquitted after trial, or if the case is dismissed, the implied consent law does not come into effect, and if the license has already been suspended then the suspension is removed. This is exactly the opposite of what we want because what we are trying to do is get more and more people to take the test.

If people know that if they go to court, and they have a 50-50 chance of beating it without a chemical test, they simply won't take the test. So we are working on these States and trying to change these provisions. Colorado did have this provision and in the last legislative session knocked it out. On the other hand, Mississippi, this year, in adopting its implied consent law, has this provision within its law. Many legislators are

88

opposed to some of these measures, especially those doing criminal defense work. For some reason, they think they are going to lose business, which is not necessarily true, so they are fighting it. Mississippi accepted that provision because they could not have gotten a law without it, and they have assured us they will be working to knock it out in the next session.

The second part of the status report will be a State-by-State inventory. We will take a State and go into each of these laws, such as implied consent, and try to compare it with the model law, such as innovative subdivisions. Mississippi has an interesting innovation in their new implied consent law where the police officer lifts the license from the person if he refuses to consent to a test. Now let me mention that the lifting of a license by a police officer does not by itself suspend or revoke a license because the license is merely evidence that you are registered by the Commission of Motor Vehicles. It is only the Commissioner himself who can revoke it. It is an interesting PR type of gimmick because the police officer takes the license from the person, and hands it to a magistrate in the arraignment part.

We also go into the major deficiencies in each such measure. We go into the area of recommended improvement, how we would deal with these improvements, where there could be improvement, and other areas. Again, we are just in the process of developing this product. We hope to have it completed by the first of the year. It will also reflect this year's legislative sessions because we are accumulating the laws for this year.

In addition to working with specific states, we are also available to come to individual States when they have a problem which we can help them with. Florida was contemplating a hearing on a preliminary screening test, and we were asked to participate in the legislative hearing. George Brandt went there and testified at a preliminary legislative hearing. We have been to Ohio to testify for a reduction from .15% to .10% bill, and the Senate passed their bill which was the first time in a number of years that they had. We have been to Illinois, and we are working there right now, on implied consent.

When a situation arises in which you feel that you need a certain amount of expertise, please feel free to call upon us. We have the overview of the 50 States and Puerto Rico and the District of Columbia. We are also communicating with European countries and other countries as to what they are doing in this area. We have a program in NATO, where the NATO countries and others are jointly working on traffic safety matters. One of the programs is alcohol legislation. Canada is in charge of the program and we are working with them. So we have the expertise in Washington as to what's happening in each of the States and we can, if necessary, go to your sites and give you whatever assistance we can.

We have a number of jurisdictions which have enacted pre-arrest breath-testing laws. There was, before this year, Baton Rouge, which is a municipality and the State of New York which had adopted this law. By the way, we like to use the term "preliminary screening test" because pre-arrest in itself raises some constitutional issues. Baton Rouge now has a court consent and we are anxiously waiting to see what they are going to do. Florida has an interesting situation. In a chemical test case, in what we call dicta because it wasn't on point within the case, they said that they believe that a preliminary screening test is constitutional. So we have a reverse situation where the highest court indicated that they find this law constitutional even before the law came into being.

We have worked with the Insurance Institute on the matter of preliminary screening ordinances. The Insurance Institute for Highway Safety has taken this concept and were looking for a place to bring this type of ordinance into being. The Insurance Institute donated a new van that actually does the testing and Andy Hricko, the General Counsel at the Institute, has been the guiding light in this area. We, too, have become involved in that we have developed a model legislative form and we have sent it out to all of the States and asked them to support it.

We will come to the individual States, if we can, to testify before the legislative hearings, which is another way in which we can participate. We will also discuss with Governors' representatives or key legislators, if necessary, the value in adopting these various legislative recommendations, or changing those laws not now in conformity.

Liaison - Public and Private Organizations

William S. Foulis

Mr. Foulis is associated with the Traffic Safety Programs, Office of Alcohol Countermeasures. He joined the National Highway Traffic Safety Administration soon after the passage of the 1966 Highway Safety Act. He previously served as Executive Director of the President's Committee for Traffic Safety. Mr. Foulis has had over 20 years experience in the field of highway safety. He was Assistant to the President of the Automotive Safety Foundation, and was also Executive Director of the State of Colorado Highway Safety Commission.

In this matter of *liaison*, what we try to do is develop within the national community an awareness and acceptance of the Department of Transportation solution to a nationwide problem. We are trying to get commitment rather than indorsement. We can get all sorts of indorsements. We got a letter from the Office of the Surgeon General of the United States Army, saying, "We can't participate in your program at the present time, but we are wholeheartedly in favor of it."

Well, we in OAC are not interested in sentiment or viewpoints. If someone can't make a specific commitment as to *what* his organization intends to do, *how* they are going to do it, and *why* well then they can go ahead and get involved in the pollution problem or getting out the 18-year-old vote because they would just be wasting our time.

Our purpose is to increase the public awareness of the alcoholic countermeasures program through organized effort, resulting from competent liaison. We think a very important part of public education is liaison. The Office of Alcohol Countermeasures maintains a consistent liaison with Allstate Insurance Company and the other insurance companies that are putting millions of dollars into advertising as far as the drunk driver is concerned. *Liaison* is an important element with the private community as well as with the governmental community. We will be working at the National level hoping to strengthen and not interfere with what you are doing at the regional and local levels.

I would like to mention briefly what *has been done* so far as *liaison* is concerned, what we *are doing* at the present time, and what *we plan to do.* Now what has been done? First of all, we have held a national forum for women's organizations. There were officers of 120 women's organizations at the meeting, keynoted by Mr. Volpe, the Secretary of Transportation. Others in attendance were the wife of the Vice President of the United States, Mrs. Agnew, the wife of the Secretary of Transportation, Mrs. Volpe, Mr. Toms and his wife, and Dr. Hartman. All of them demonstrated the interest of the top leadership in the country.

Mr. Volpe very emphatically pointed out that this is the number one problem within his department. In the area of "what has been done," we have published the proceedings of that particular forum. It is a verbatium report of what transpired at that particular meeting. We hope to have a digest of this in narrative form, and of course, will send you a copy. Out of that particular group there was a suggestion that there be a Council of Presidents of these National organizations. We are in the process of organizing this Council of Presidents on the basis of commitment. We asked these 120 organizations: "Are you interested in making a specific commitment of what you are going to do within your national organization,? What you are going to do as far as your relationship with your state organization? And can you guide the State organizations in the local communities to be of assistance to ASAP?" So far, some 25 outstanding national women's organizations have told us what they intend to do, and why they intend to do it. I will mention later what we plan to do with this.

We were involved in another national meeting, a seminar on alcoholism presented by the National Association of State Mental Health Directors and the NAAAP as it is known, the North American Association of Alcoholism Programs. At that particular meeting, we found that many organizations within State governments have been in this alcoholism business for quite some time. The Congress of the United States has authorized and appropriated millions of dollars since 1966 to many of the Federal agencies and we were associated with them in this particular seminar. When I say Federal agencies remember they all have regional counterparts, and some of them State, as the Veterans Administration, the Office of Economic Opportunity, Housing and Urban Development, the Justice Department (the LEAA), the military, Health, Education and Welfare, the National Institute of Mental Health (which has a myriad of connections with alcoholism), and the DOT Office of Alcohol Countermeasures. This is the Federal side of it. As far as the State side of it is concerned, The NAAP and the National Association of State Mental Health Program Directors(their memberships consist of State Commissions on Alcohol), State Commissions on Health and Welfare, the National Council on Alcoholism, and the Headquarters of Alcoholics Anonymous; all people who are functioning at the State and community levels that can possibly be of assistance to you as you proceed.

As an example, OEO has training centers in Rutgers, Atlanta, Utah University, Central States Institute in Chicago, Southwest University in Baton Rouge. They expect to graduate 450 people per year, for community action agencies within some 90 communities throughout the country and 45 Indian Reservations. They are going to graduate these people for job placement and housing in poverty areas. This is all strictly on the matter of alcoholism. I might mention that the OEO is very much encouraged in the use of recovered alcoholics in this program. They find that about 50% of the people that are in their classes are recovered alcoholics and they make a tremendous contribution to the classes. They have a smaller attrition after they graduate than the non-alcoholics. They are people who have been through the wringer and who can be of tremendous assistance to you. OEO is capitalizing on that.

Another thing that we have been involved in recently is interagency agreements. We have the interagency agreement between DOT and HEW, or more specifically the National Institute of Mental Health and the Office of Alcohol Countermeasures (OAC). The OAC and the Bureau of Narcotics of the Department of Justice have entered into a joint agreement on that particular subject (not announced publicly as yet). Another agreement includes the United States Air Force. They are going to coordinate their activities, and make them complementary to the Department of Transportation (so far as drunk driving is concerned). They have already assigned an officer to every ASAP site that has been announced so far, and instructed them to be of assistance in every possible way to each one of the local projects. Their officers are reminded that military-civilian liaison is very important and that they can be of assistance mainly as far as courts and arrests are concerned. If a military man is picked up in civilian clothes and put in jail, they don't want him to be subject to double jeopardy by having the trial judge advocate throw him in jail when he gets back to the post. They need liaison and they have a man assigned and waiting to be called on.

One other area as far as national liaison is concerned. The May 30 issue of *Parade Magazine*, a Sunday Supplement that goes into some 90 newspapers with a readership of 17 million, contained a feature article on ASAP that was arranged through the Office of Alcohol Countermeasures, specifically in the liaison section. This is a national effort to be of assistance to you without imposing on you. Hearst newspapers also made a commitment. They ran a series of five articles in their newspapers in Los Angeles, San Francisco, Seattle, San Antonio, Baltimore, Boston, and Albany. This was on command from their headquarters that each newspaper do this. It started out with the Sunday issue and the top headline across the page, read, "U.S. To Yank Drunk Out of Drivers Seat." Now this is a publication that goes to some 2-1/2 million readers in those particular areas and you will notice that we have projects in Seattle and San Antonio, which they were very interested in. Their commitment read as follows: "The current nationwide campaign against the drunk driving menace has the vigorous backing of the Hearst newspapers which has long supported all moves for highway safety. Eighteen years ago Editor-in-Chief William Randolph Hearst, Jr., was in the forefront of a crusade which resulted in the passage of the Interstate Highway Act. In this first of a series of five articles written for our Hearst headline service, Edwin Martin spells out the drunken driving problem confronting authorities." On each succeeding day after that, each article remained on the front page by direct order from headquarters. Copies of each issue are at the rear of the conference room, so that you can see the value of one front page of a Sunday paper and the front pages of the successive papers.

So far as this matter of drunk driving is concerned, the churches of this country have long been interested in seeing something being done. They are most gratified that the Department of Transportation is developing this solution to the problem through the countermeasures. We have discussed this matter with the Board of Directors of the North Conway Institute which represents the major church bodies in the entire country—FCatholic, Jewish and Protestant. There are some 260 church bodies of over a quarter of a million in each body (that amounts to 120 million people) for which the North Conway Institute is a clearing house. That includes the National Council of Churches. They are coming down to discuss ASAPs with the OAC staff and, what they can do nationally and locally in a particular pulpit, not the hell and damnation, but to tell about the countermeasures and their moral, spiritual, and ethical advantages to the community, and be a part of the solution rather than trying to attack the problem themselves. Dr. Voas will discuss with the North Conway Institute in the last half of July at a nationwide seminar, the entire OAC program. This is the liaison that we talk about, in order to tell on the national level what you are doing with the community problem.

Another area in which we established a definite liaison at the community level is the National Association of Independent Insurance Agents. There are 150,000 independent insurance agents in this country and 34,000 independent insurance agencies throughout the land. Their basic programs for the past years have been to rid the highways of the habitual offenders as far as drivers' licenses are concerned. But now that they have become aware of the Office of Alcohol Countermeasures, and our countermeasure program, they want to zero in on the drunk drivers. They are coming down sometime during the week of July 5 to get the detail on the Office of Alcohol Countermeasures and find out what the Independent Insurance Agencies in the community can do.

We are working on other interagency agreements specifically, the Department of Defense (DOD). (We have arrangements with the United States Air Force.) I might mention in passing that the Secretary of Defense, Melvin Laird, when he was in Congress, was one of the outstanding Congressmen in furthering the authorization of appropriations for bills on alcoholism throughout the years. He has a very definite interest in this whole effort, so we are very hopeful that this will assist us in getting a very close, strong agreement with DOD. As far as the Council of Presidents of the National Women's Organizations, we have initiated the process to obtain a contractor who would be the Secretariat for the Council of Presidents so that there can be a constant clearing house of ASAP related information that we can pass on to Presidents of National Women's Organizations who, in turn, can pass it on to their state and local women. In August we will be in Denver, where another National Seminar on Alcoholism by the North American Association of Alcoholism Programs, and the National Association of State Mental Health Program Directors, will be held. In the National meeting, held yearly, most of the people are from the Eastern section of the country. The meeting was so successful that they have decided to hold a similar meeting in Denver to attract more of the Western people. In the Eastern meeting, Mr. Howell, Dr. Voas, and Mr. Wagner told in four different sessions, the work of the Office of Alcohol Countermeasures. The various details and decisions are still forthcoming as to who will participate in the Denver meeting.

There will be participation in the National Safety Congress to further cement the relationship between the Department and the National Safety Council. A special program involving the top personnel of the Office of Alcohol Countermeasures will appear before that congress. Now we are in the process of preparing for you a list of all of the Federal Agencies and their responsibilities; what they have, what money they have, and who is responsible for it. It will take a little time to develop it. The same thing is true with the National associations actively engaged in alcoholism. You should have the names of the National organizations and then if you have a regional and local counterpart you can get in touch with them. We haven't had the time as yet, but we do have the inclination to develop a working relationship with the National Governor's Conference, National League of Cities, the National Association of Counties, and the Advisory Commission on Inter-Governmental Relations, and then the quasi-official bodies, such as the International Association of Chiefs of Police, and American Association of Motor Vehicle Administrators. So, this gives you a brief run down of what has been done, what we are doing, and what we plan to do for the future. Let me close by saying that by working at the National level, we hope to assist you in your efforts and thereby increase the public awareness and acceptance of the alcohol countermeasures.

State and Community Programs

Herschel V. Hawley

Mr. Hawley is Chief of State and Community Programs of the Office of Alcohol Countermeasures for the National Highway Traffic Safety Administration. Previous positions in the traffic safety field were Education Specialist for the Bureau of Public Roads, Assistant Director of the North Carolina Traffic Safety Council, Highway Safety Specialist for the North Carolina Department of Motor Vehicles and Casualty Insurance Underwriter. Mr. Hawley received his A.A. degree from Campbell College, his B.A. from the University of North Carolina, and his M.A. from New York University. He has had specialized training on various aspects of highway safety. He is past President of the North Carolina Chapter of the American Society of Safety Engineers, Past Member of the Board of Directors of the American Society of Safety Engineers, and a member of Phi Delta Kappa.

A few minutes ago Dwight Fee mentioned the fact that he was nervous. He has reason to be nervous. I have reason to be nervous. I think that we in the Washington office have reason to be nervous. In his opening remarks you remember that Bill Howell encouraged you to take issue with some of our policies, question our concepts, and to challenge our wisdom. We have reason to be concerned. I think by taking issue with us you may be enlightened in one of two ways.

I will give you a little story of what can happen when you have the audacity to ask a basic question of a very wise man. It's the story of the little kid who from birth was extremely bright and preoccupied with the meaning of life. What is life? What does life mean? He went to the best schools. He didn't participate in sports. He didn't date girls. He was taken with questions, such as what is life? He spent all of his time in the library. He got numerous degrees and at 50 years of age, had accumulated little. He heard through some remote grapevine of the Grand Lama, high on a mountain in Tibet, who was recognized in that part of the eastern world as being the world's wisest man. So he converted all his holdings into cash and had just enough to make the great trip. He arrived in Tibet, asked for an audience with the Grand Lama, and was looked at as if he were out of his mind because no one just drops in and asks to see the Grand Lama. It takes a period of conditioning, reflection, to get in the right frame of mind to communicate with the Lama. He went into a six month period of reflection, concentration, readying himself for the big day. It finally arrived and he was escorted through the palace and into the chambers to the Grand Lama, sitting up on his throne. The wiseman entered.

After an appropriate length of time the Grand Lama said, "You have a question, my man?"

He answered, "Yes Grand Lama, I have been searching for the answer to one question all my life."

Lama— "What is the question?"

Wiseman— "What is life?"

Grand Lama— "What is life . . life is a fountain."

The wiseman looked up at him somewhat puzzled, "Life is a fountain?"

The Grand Lama said, "Life is *not* a fountain?"

I would like briefly to describe the status of the ASAPs that we have today. We have nine ASAPs in operational stages--the original nine. A few representatives from these sites are here today to discuss some of their problems with you.

We have been working very closely with you since February on the development of proposals which we are now sending to our Contract Specialists. We will receive the last of these proposals this morning--the last of the twenty. In accepting these proposals we are taking a great deal on faith in some aspects, and I would like to emphasize that during the next six-month detailed planning period your basic job will be taking a long, hard look at your proposals, to streamline them, and to question some of the countermeasures, because at the end of six months you will submit a detailed plan to us, outlining what you are going to do, when you are going to do it, what it is going to cost, and so forth. This will be an opportunity for you, at the end of this six months, th change some of the countermeasures you discussed in your proposal, to restructure your budget and hopefully on the 1st of January to go operational with a well-thought out program. From the 1st of July on, your basic mission is to try during the six-month period to come up with a plan with which we can proceed for the three years with a minimum of modification. There will, of course, be modifications as required by experience, but we expect to begin operation on January 1 in a total manner in all of these twenty and proceed with some confidence that we have an effective program.

I would like to introduce the people who are going to be working with you. I think you know the ones who are in your area. We have the country divided into four geographic areas composed of two to three regions each. Cecil Arnold and Perry Warrington will be working in the West. In Regions 5 and 7, that is in the central part of the country, we have Stan Abercrombie and Alex Gritz. In the South, which extends from North Carolina to the New Mexico-Arizona border, we have Len Tabor and John Krause. We have three in the East, New England south through Virginia--Jack Pendleton, Frank Hanse, and Chuck Keiper.

Action and Evaluation

B.J. Campbell

Dr. Campbell is Director of The University of North Carolina Highway Safety Research Center, is Adjunct Associate Professor of the School of Public Health and Associate Professor of Psychology at Chapel Hill, North Carolina. He was formerly Assistant Director, Automotive Crash Injury Research and later Head of the Accident Research Branch at Cornell University. Dr. Campbell received his B.A. and M.A. degrees from Texas Christian University and his PH.D. in Experimental Psychology from the University of North Carolina. He has written books, studies, and articles on automotive safety and crash research. He is a member of the Governor's Advisory Committee on Highway Safety (North Carolina), the Traffic Accident Data Project of the National Safety Council. He is also a member of the Editorial Boards of *Journal of Safety Research*, *Behavioral Research in Traffic Safety*, and *Accident Analysis and Prevention*. Dr. Campbell belongs to the American Psychological Association and was listed in American Men of Science, 1962.

I think that it is fairly clear that Americans are action oriented people. We are described in those terms by people in other countries. I think that we describe ourselves in these terms. Sometimes when people describe us as action oriented they mean it as a compliment, that we don't want to fool around with philosophy, we want to take action and solve problems. Sometimes people describe us as action oriented meaning to be critical, in the sense that we are impulsive people and not particularly contemplative. Anyway it seems to be a description of our national character to be action oriented and to want to jump in and do something about problems that face us. I think that it is entirely appropriate and consistent with this that the name of the project that has been coined to describe this activity has the word action in it.

We also consider ourselves to be practical people. While we are interested in action, we are also interested in results. We don't want to spend our time fooling with programs that don't work or solutions that don't solve anything. I think that to say we want results implies knowing whether we got results and this in turn brings in the idea of evaluation. In my remarks I take the position that action and evaluation are virtually synonymous. I would want to resist any notion that they are or can be at odds with one another; that at one time you may have evaluation at the expense of suitable amounts of action or you might have action at the expense of appropriate evaluation. I see these as synonymous.

It is nothing new to think of both action and results if we can use the example of a man who operates a candy store on the corner. He has an action program selling candy and making a profit. He also has an evaluation program in that he knows whether he is going out of business because he is not making a profit or because he knows that he is in good shape because he is making a profit. Not only has he evaluated his operation in an overall sense of total profit or loss, he even knows, if he is any kind of a candy operator at all, whether the individual lines of candy are making a profit. If he has one item up front that is not selling, he is apt to do something about it, market it a little more intensively or cancel it if it is not working out. So action and evaluation go together in almost any business sense.

It is easy to evaluate whether you are making a profit when you are running a candy store. In other areas of our life maybe it is not so clear cut. I suppose the nation's foreign policy might be considered in the same "action-evaluation" context. We have an action program with respect to Russia. If you went down to the State Department you would find that they probably have a Russian Action Program. Presumably we have some kind of policy towards Russia, which involves certain activities; it involves a myriad of things, although it gets to be a little more difficult when you talk about evaluation. If we were given a contract to evaluate our policy toward Russia how would we decide whether it was a success or failure? Well, so far today we haven't had a thermonuclear war so I suppose you could chalk up today's program as at least a partial success. You might think of other characteristics of our foreign policies towards Russia as to whether they are succeeding or failing. However, implicit in any evaluation, would be figuring out what it was supposed to accomplish in the first place. It is fairly easy in respect to the candy store in what we are trying to accomplish and what the goals are. Whether we are meeting with those goals or not is fairly stateable in terms of dollar profit or loss. It is not so easy when it comes to Russia and foreign policy. I am not sure that it would be easy to list, 1, 2, 3, 4, the kinds of things that our country is trying to accomplish in its relationship with Russia. If you can't state what you are trying to accomplish, then it is hard to know, or to evaluate, whether you are succeeding.

Well, I would regard the alcohol program as being somewhere in between, maybe not quite as complicated or difficult as foreign policy, but much more difficult than the profit and loss sheet of a corner candy store. Regardless, of where it falls on the spectrum, it is vital that you project directors and evaluators realize that, in a very real sense, you are now, and will continue to be over the next six months, deciding whether people are going to live or die. It is a fact that people in this room are going to determine in the next year or so whether people are going to live or not live, whether they are going to suffer disabling injuries or not. To the extent that you collectively and individually implement programs that work, that are successful, you will be saving lives. To the extent that you allow implementation of programs that don't work, resources will be expended on activities which will not control the problem, and therefore people will die because these resources did not act to save them. You do not have any kind of an alternative in that kind of a situation but to seek out programs that work and discard those that don't, or make them work when they appear not to.

I guess that I am sort of putting things on a cost benefit basis in that the elements of the action program will have to be looked at in very hard fashion as to whether they are paying off in dollars or not. About this time someone may want to retort that if we are dealing in an area that has to do with human lives then we cannot be hard nosed and dollar oriented. After all we have frequently heard it said that if we can just save one life with a given program then it is worth any amount of cost. I would like to deny that philosophical statement with all the vigor I have. That kind of philosophy takes lives rather than saves them. If we had unlimited resources it would be possible to mount programs in the hopes that they will be effective and save lives. Whether or not they would actually save lives or whether or not we actually know they will, we wouldn't have to worry. We could truly say we don't care if it costs $10,000,000, if you save one life it's worth it. But that kind of philosophy is inadmissible in the face of sharply limited

98

resources. We beg the question of effectiveness by saying "Well if it saves one life it is worthwhile." The reason I say this takes lives rather than saves lives is that it gives us an excuse to put our money somewhere in *hopes* that it might save one life instead of finding out where the money *would* save four lives or five.

We also hear people say, "I don't know if I can actually demonstrate the effectiveness of such and such a program, but I think that this program is worthwhile in the psychological effect that it will have on drivers, even though we can't measure the effect." Again I would like to set myself in opposition. I think it is begging the question and avoiding the very difficult troublesome problem of coming up with objective information as to the program's success.

One might say at this point, "Of course. Nobody would propose that we use an ineffective program, but why do we, the program managers, have to worry about finding out, and setting up as it were a high-class research activity. Why can't we just implement proven programs, and elements that are already known to be effective in cutting down on drunk driving." I think that this would be fine, I think we should. The problem is we just don't have enough proof to say that various programs are proven. Although a great deal of folklore has been developed in this field as to the nature of the problem of drinking and driving and the solutions that we ought to pursue, we have to admit the fact that not nearly enough is known to guide these programs. It would be very nice to say "this, this, and this, will work—now go out and do it." Life would be a great deal simpler if that were the case, but I don't think it is, and I trust that you will at least partially agree with this as you get into these projects.

As to common sense decisions among us, we have indeed taken the common sense approach. Various project directors have determined that they are going to pursue various program elements which rational and informed people agree seems to be the best route to take. This is fine. A considerable amount of innovation is being introduced into these projects and it is right and proper that this should be done. But common sense often betrays the observer when one is dealing with a very complicated phenomena as we are. Accidents and highway crashes are very complicated phenomena in the sense that they are the outgrowth of many, many causal factors, of which alcohol is a very important one. There is no other single factor in causation of crashes that is as important as alcohol, but nevertheless it's only one of many. When you have all these mixing together to produce crashes, when you have countermeasure programs working on many different phases of crashes, the countermeasure programs themselves varying in effectiveness, probably from none, to moderate effectiveness, then you have a quite complex situation and it is very difficult to just take the common sense approach. It is very difficult to say in advance, that a given approach is going to work. We have to look very carefully. We have to devise precise ways of measuring the success of the various countermeasures.

So, for good or ill, it seems to me that you are pioneers. I don't know if that is an oppressive type of realization or whether that is an exciting one. I think that it should be a very interesting one. These programs are pioneering in many dimensions, not only in the magnitude of the attack on the problem, but in the whole concept of saying that there is a purpose, and a design or intention that these programs are going to be carried out and that we are going to introduce innovative techniques, and conduct these programs with a suitable evaluation built in so that when we get back from wherever we go with these programs we will know where we have been.

It would be a depressing situation to introduce innovations, implement innovative programs, and then when asked "Did it work?" to say "I think so. We spent all of our money, we carried out our contract, we distributed this many pamphlets, and we sent this many people through school." When asked, "Did it cut down on accidents? Did it reduce the number of people driving on the highways? Did it change people's opinions on the problem?" to answer, "Well, say, I don't know." That would be bad. We would be some x number of millions down the highways and not knowing. It would be almost like (pardon the long analogies) if after the Apollo Moon Shot, when questioned "Did it fly," they said "Well gee, I don't know. We got all the parts in it, and we got all of the structures, but come to think of it, we don't actually know whether it flew or not."

In these evaluation procedures, there are two significant kinds of errors that can be made. First, the kind of error in which one might be led to think that a program element or a given part of the project is a failure when it is actually at least a modest success. That is a serious kind of error to make. We would recognize that as a type two or beta error in statistics. To think something didn't work when actually it did is a bad show in this type of program because it might lead one to withdraw support from a given program area when in fact that program area is performing all right. And, in this type of evaluation, there is a very substantial chance of making just that kind of error, particularly when you consider the program element may be working at a modest level, and it may be reducing alcohol related accidents by a modest amount. You can see that the sampling and analysis problem that the evaluator has is pretty formidable. If you are reducing 12 accidents per 100 drivers down to 10 accidents per 100 drivers with a modestly successful program, then you might just consider what are the experimental designs, considerations, and the sample sizes that would be necessary to detect that level of change at some appropriate level of statistical confidence and it becomes formidable.

One of the ways that you can make this kind of error is to measure the specific countermeasure with a too broad or overall type of statistic. If we wanted to measure the impact on the economy of a strike at a plant, we would not want to use the gross national product as our measure before, during, and after the strike. The assumption we would very properly make is that while that one strike at that one plant had a substantial impact, it probably didn't have enough impact to show up in the national figures. You *would* want to measure the impact of that strike on that community, in the sub-part of the economic system that would have the most impact, and that would have the most chance to detect. Similarly, if a program is designed in the hope that fewer people will drive on the highway at critical alcohol concentration, it may be that you will face the probability of not finding that out, if the the only measures at your disposal are overall crashes, overall accidents for the community as a whole.

Then there is the alternative error or problem of thinking that a program is a success when in fact it isn't a success. That is also an undesirable kind of error to make. You don't want to be in a situation where you have some results that you think are very promising and want to increase the amount of support for that program element when in fact it is not working out. A fairly common way to make this type of error is the absence of appropriate evaluation procedures. This has happened in the literature in other areas of the highway safety field.

If you have a group of drivers who have a pretty bad record, whether it is in the sense of drunk driving or stop sign violations or whatever, these people stand out as a group because they are bad and they become likely candidates for some kind of countermeasure activity. When something is done with these people, their licenses taken away, a letter sent to them, or they are sent to rehabilitation school or other measures, and you look at their progress for the next year or so, you find an amazing improvement; from these thousand drivers maybe only a hundred of them have any violations or accidents in the next year. This is a 90% reduction. This is so common that it has a name. Many of you know the name, the statistical phenomenon called the "regression to the mean," which is the sort of thing that says "hitting streaks can't go on forever." You take all of the men in the American League who have hit successfully in ten consecutive games right now, and look at how they are going to do in the next ten games. They aren't going to hit consecutively in the next ten games.

You get this kind of situation where a group takes on some deviant characteristics for a time period; but true to the nature of the universe, they won't continue to that degree of deviance during the next period of time. If you take a lot of people with really bad records and do nothing with them, they're still going to look a lot better the next time. If you really want to make your program look great, that is the way to do it; you take 100 people who have had a really crummy record and do *anything* and they will look better. But that doesn't necessarily mean that they would be doing differently or better because of what you did, and in fact you would be in danger of making this type of miscalculation, if through your evaluation procedure you have not set up some kind of suitable control group, some comparable group of people with the same symptoms but who don't receive the same treatment.

It is tough to get control groups but it is also necessary if you want to know what success the program is having. If you have a group of people with alcohol related problems whom you would like to send through some sort of rehabilitative procedure, and you want to know if that procedure is going to work, you need to set some of these people aside and not put them through the treatment. And you don't want to take the worst of the lot and send them through the school and save the best ones and put them on probation. Sometimes that is exactly what a judge or a probation officer would do. That is really stacking the cards against yourself because in all probability, the worst of the lot, even after the school, are still going to be worse than those that weren't sent through.

Some of these considerations on how to set up evaluations are tough. For you evaluators it is a very tough job to detect your successes, and I predict that it will call on every bit of ingenuity that can be brought to bear on the process in order to be able to do this.

The question of evaluation is further complicated by the question of cost effectiveness. It is not enough to be able to say "I have a result here that is statistically significant, and I am confident that we have indeed brought about a 1% change for only $10,000,000." It is not enough to be able to say that there is a lawtul relationship here, that such and such works. It has to work, and it has to work commensurate with the cost you put into it. I am not saying that we have to prevent a $1,000 worth of accidents for every $1,000 of program effort. Of course if we could break even, if we could say that the money that we put into the program brings a dollar per dollar reduction in accidents, that would be great. Sometimes programs bring about even better than that. Some of the more successful programs may even save two dollars worth of accidents for every dollar you put into it. But I don't think on a humanitarian ground that our society is going to demand a dollar for dollar. I think that we as a society may be perfectly willing to spend a million dollars to reduce accident costs by half a million dollars. But the point is that if we have two or three programs, we are obligated to go in the direction that will give us the best returns on a cost benefit basis.

In closing I want to make these points. First, evaluation requires advanced planning. You can't cloak the head of an evaluator by saying "We did so and so while you were on vacation, last month, we decided to cancel the previous approach to the rehabilitation clinic, and we are now doing so and so and I want you to hurry up and evaluate it." If that is when you tell him, it is too late. I know from painful experience.

In the first assignment I got when I went back to North Carolina, I was asked by the Governor to evaluate the effect of reflectorized license plates. I thought marvelous, when are we going to introduce them? Well it turned out that they had introduced them two years ago. So the very first time I went in to see the Governor I had to say, "Gee I'm really sorry but we blew it, when you made the innovation you did not plan at that time for the evaluation by us."

Sometimes you can evaluate after the fact. Once in a while you're lucky and find out that by chance an appropriate mechanism has been built in so that you can evaluate them.

In each project, you have to do a great deal of advanced planning. If you are going to go into a big program, you are going to do budget planning, personnel planning, and so forth, and you write certain charts to see how you are going to phase these in. Please, please, include evaluation in advanced planning, because very often it will be possible to introduce innovation in such a way as to make evaluation relatively simple.

Of course to wed evaluation to action requires the appropriate mix of personnel within the staff and as resources to the staff. For that reason it is policy that every ASAP staff shall have a person primarily responsible for evaluation and reporting directly to the director for the project. This is an excellent way to begin, and I suppose that it also implies that through the team of the project director and the evaluator, that other resources in the community and the state could be brought in as necessary.

I have more than once had the reaction when I have gone into various state agencies trying to sell an idea, what if in evaluating it turns out that this program doesn't work? And I can almost start thinking that maybe I'll find out more than I want to know if I evaluate this program. Well this is where I will leave it up to you, but I think that the key is, that we should try to characterize whether a given program is working or will work, in such a way that it isn't the administrator's deficiency if a given element doesn't work within the meaning of a cost effective program countermeasure.

We expect that the administrators will do the best job that they know how to carry out the program, and it is not their fault if they have been given an activity to perform which doesn't seem to have this kind of cost benefit. Neither we nor they nor anybody else can consciously go about doing an un-cost effective set of activities. If we knew, then we would be doing something different. I think that it should be characterized not in the sense that if this doesn't work out we are going to cancel it; the approach to take is that if it is a success we want to implement, we want to expand. If it isn't as big a success as we would like, then we want to find out what we have to do to make it work. I for one don't go around with the idea for instance, that we are going to abolish the highway patrol if this selective enforcement doesn't work.

Finally I want to make the distinction between the ivory tower and the practical. As a university employee and a person who has been working in research, from time to time I earn the label of an ivory tower researcher who is asking for all kinds of impractical types of activities. Well I would like to just turn the labels around. I would like to label as the ivory tower man the program director who doesn't worry about results. He says, "Look don't bother me about these things, whether they will work or not, just let me get on with my lofty goal of getting the drunks off the road." I think that it is he who is the ivory tower man, and the real hard nosed practical man as I see it is the program manager who insists on proper evaluation, who wants results and wants to know the results so that this information can be the basis for a decision in regard to the program.

The ASAP Detailed Plan

Ernest E. Personeus

Ernest E. Personeus is a Research Associate for Human Resources Research Organization (HumRRO), Division No. 1. He was project supervisor for the Alcohol Safety Action Project (ASAP) 1971 and supervised the preparation of the Handbook for Project Directors ASAP. He was responsible for the sections on the organization plan, the preparation of the budget, and the project director's duties and qualifications in the DOT *Guidebook for Proposal Development*. He previously held Personnel Staff Officer's positions in the U.S. Air Force. He received his BA and MA from Syracuse University, and is a member of Alpha Kappa Delta.

This session will cover systems approach, the detailed plan, and the quarterly report as depicted in Chapter 4, of the *Handbook for Project Directors*. Most of you have probably had a chance to look at it and to form some opinions, pro or con, or most probably neutral. The thoughts that have gone into the development of the detailed plan have included, we think, some of the best aspects of the planning of the 20 projects that were incorporated in submitted propsals.

It has become apparent that a standard format is required with some specific uniform presentation of plans, which would still allow individual proposal flexibility and ingenuity in the content of their program and countermeasures. There is no one way of doing things! A considerable amount of monetary resources is involved in each project. Certainly, the need for a specific plan to spend these amounts of the taxpayer's money, in such a complex project should be apparent.

THE SYSTEMS APPROACH

Our basic premise is that the Alcohol Safety Action Project is a total system that requires a number of diverse activities or subsystems to be combined into a common overall objective, that is, reduce traffic fatalities involving alcohol. A systems approach should be used in planning, developing, and evaluating a complex project like ASAP. The countermeasure activity areas such as enforcement, and judicial, are the major subsystems of the ASAP project. Below this are various countermeasures such as increased patrols, training of judges, and so forth, which are subsumed under the appropriate countermeasure activity area. The countermeasure can usually be readily characterized by: (1) possession of a specific objective, (2) specific agency responsible for accomplishment, and (3) specific allocation of resources directed to its accomplishment.

Ideally the ASAP system should be structured in such a manner that evaluative measures of the achievement of project objectives can be obtained in addition to measures of progress towards achievement of the end objective. In like manner, progress of the individual subsystems should be measurable and measures obtainable with respect to their contribution to the total system objective and effectiveness.

SYSTEMS APPROACH REQUIREMENTS

For each input to the presentencing countermeasures are convicted DWIs which originated as an output of the increased patrol activity countermeasures. Therefore we are interested in a description of how many DWIs can we expect as input and what types of considerations affect the nature of the input. In turn, the outputs of the presentencing investigations, via the referral process, may become inputs to rehabilitation countermeasures.

By carefully delineating these characteristics the nature of each countermeasure and the interdependencies of each of the countermeasures in the system may be defined and analyzed.

On the basis of these analyses individual countermeasures and indeed countermeasure activity areas must be coordinated with respect to function, development schedule and objective to maximize the efficiency and effectiveness of the total ASAP program.

Useful techniques for system planning. In planning a project on a systems basis, illustrations or diagrams are useful in portraying the various relationships so as to achieve desired objectives with the framework of constraints involved, that is, resources. One type of illustration is called a work breakdown structure which illustrates how subsystems are dependent upon each other. Another technique is the Milestone chart which shows schedule and the time relationship of tasks within subsystems that are related to each other. A third technique is the system flow chart. These charts illustrate operational dependencies and the capacities that are needed by the various subsystems to accommodate each other.

Work Breakdown Structure. Here is an example of a work breakdown structure. It is a pyramid arrangement of tasks. The overall project is at the top of the heap. Underneath it are the major tasks that make up the project. Underneath each major task are the sub tasks that make up that major task, and so forth down the line. Each one of the boxes illustrated in Figure 1 is considered to be a work package. This is a task that can be assigned a start date, a completion date, a budget and responsibility for getting it done.

Milestone chart. Figure 2 shows a listing of tasks which are related to each other and the schedule for getting the various tasks completed. The lines on the chart extend from the starting date to the finish date. All the tasks in one particular area are all tasks that are part of the major task or grouped under that major task.

Network. Another useful technique is the network chart (Figure 3) which depicts the individual tasks and the interrelationships of these tasks all on a time reference basis. The dependencies of the individual tasks are really highlighted by this technique, thus the use of PERT-type charts encouraged in ASAP planning.

The system flow chart (Figure 4) is a basic technique in system planning. It depicts the sequence or flow of events which occur in the actual operation of the total ASAP system. For example in the ASAP project, the system flow chart depicts the flow of individuals through the various countermeasures from initial detection through rehabilitation. Having identified this flow, we are in a position to more clearly define the requirements and constraints of the individual countermeasures we desire to develop.

The system planning techniques used in any ASAP project will vary of course with the individual project director and his experience and preferences with respect to

BEST COPY
AVAILABLE

Work Breakdown Structure

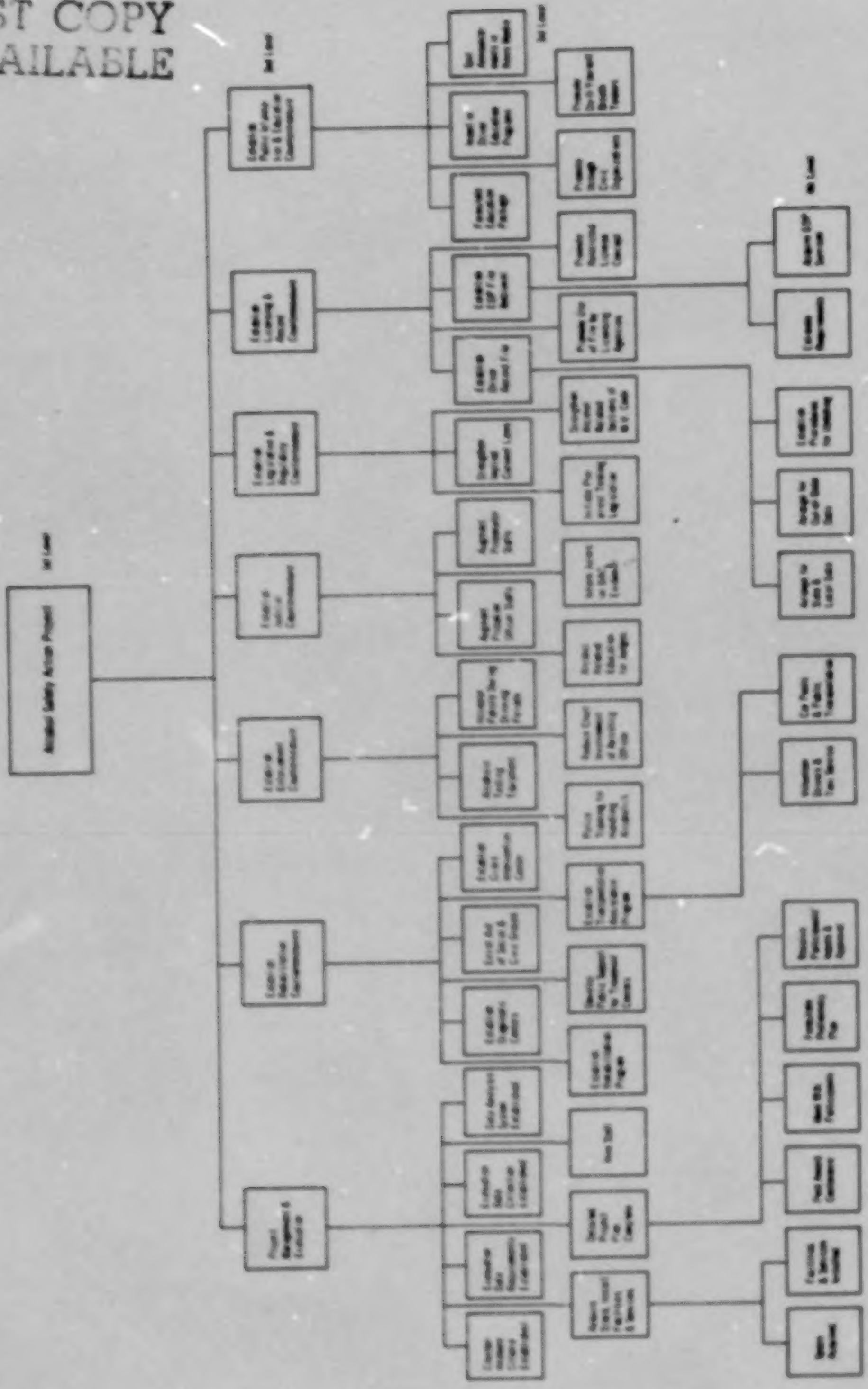
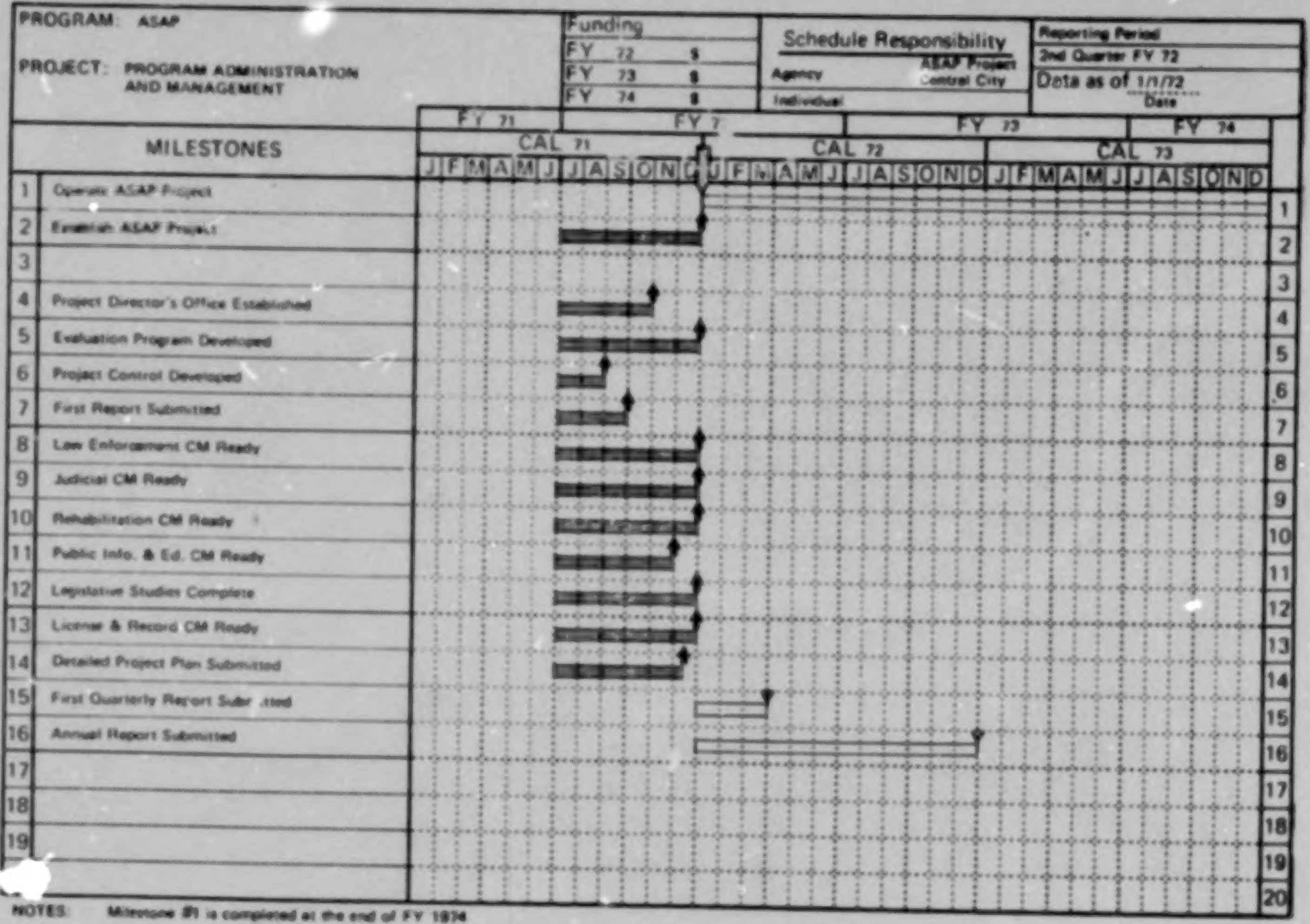


Figure 1

The System Milestone Chart



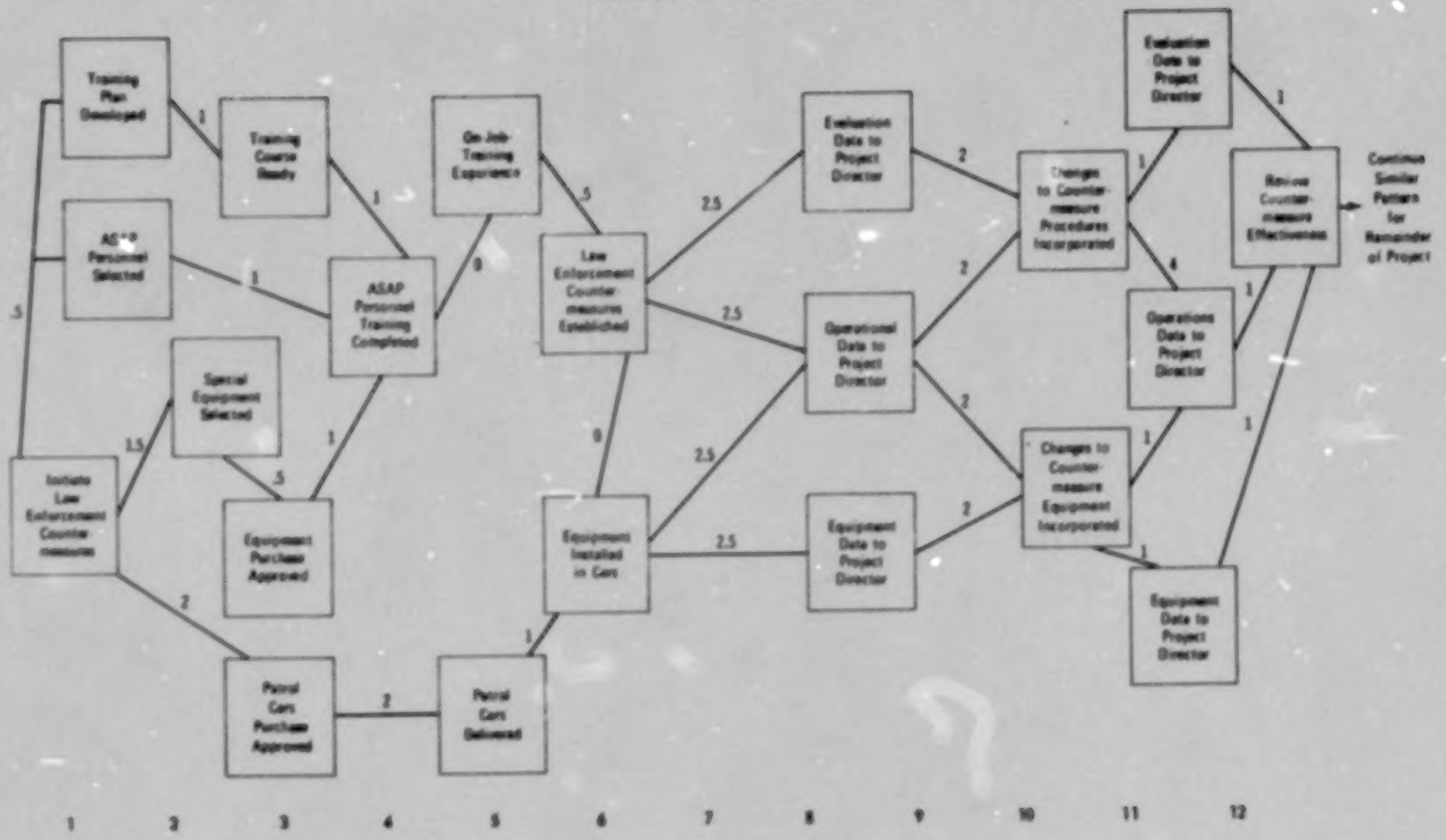
NOTES: Milestone #1 is completed at the end of FY 1974

Milestones 15 & 16 repeat for the duration of the project

Figure 2

Network—Increased Patrol Activity

(First 12 Months)



Training Plan Developed
Training Course Ready
ASAP Personnel Selected
ASAP Personnel Training Completed
On-Job Training Experience
Initiate Law Enforcement Countermeasures
Special Equipment Selected
Equipment Purchase Approved
Patrol Cars Purchase Approved
Patrol Cars Delivered
Law Enforcement Countermeasures Established
Equipment Installed in Cars
Evaluation Data to Project Director
Operational Data to Project Director
Equipment Data to Project Director
Changes to Countermeasure Procedures Incorporated
Changes to Countermeasure Equipment Incorporated
Evaluation Data to Project Director
Operations Data to Project Director
Equipment Data to Project Director
Review Countermeasure Effectiveness
Continue Similar Pattern for Remainder of Project
.5
1
1
1
1.5
.5
1
2
2
1
0
.5
0
2.5
2.5
2.5
2.5
2
2
2
2
1
4
1
1
1
1
1
1
1
2
3
4
5
6
7
8
9
10
11
12

Figure 3

System Flow Chart

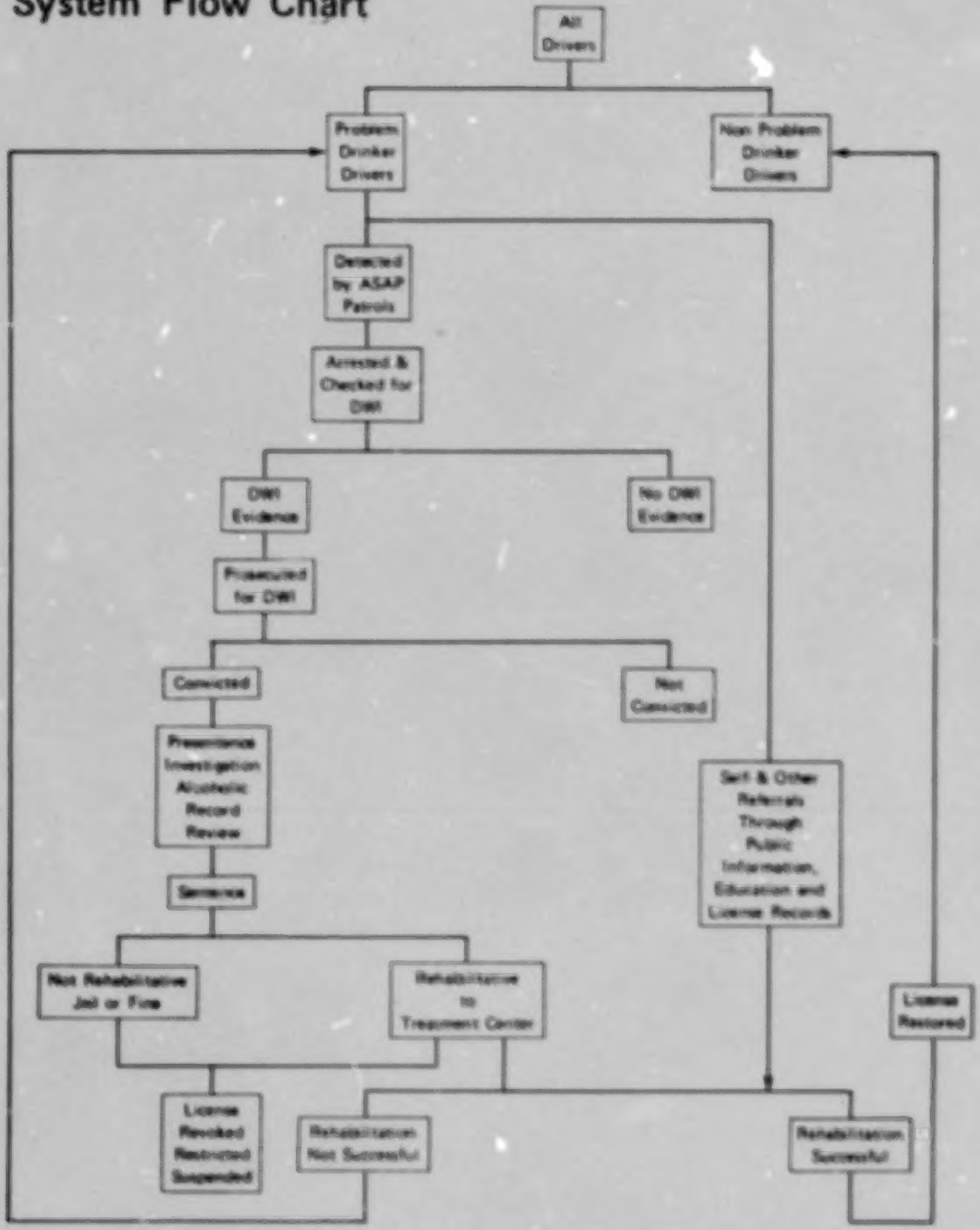

All Drivers
Problem Drinker Drivers
Non Problem Drinker Drivers
Detected by ASAP Patrols
Arrested & Checked for DWI
DWI Evidence
No DWI Evidence
Prosecuted for DWI
Convicted
Not Convicted
Presentence Investigation Alcoholic Record Review
Self & Other Referrals Through Public Information, Education and License Records
Sentence
Not Rehabilitative Jail or Fine
Rehabilitative to Treatment Center
License Restored
License Revoked Restricted Suspended
Rehabilitation Not Successful
Rehabilitation Successful

Figure 4

planning methods. However, regardless of the planning methods used, certain reporting requirements of NHTSA will need to be met:

- The first report is in letter form. It presents information on project activities to date. It is submitted three months after contract award.
- The second report is the detailed project plan submitted 5-1/2 months after contract award. Its content and format are prescribed in Chapter 4 of the Project Director's Handbook.
- The next reports are the quarterly reports. They present the project details covering the previous quarter. An outline is contained in Chapter 4 of the Project Director's Handbook.
- The annual report is submitted at the end of each calendar year and covers the 4th quarter project details in addition to an evaluation of the year's progress. More specific information on this report will be provided later.

The first report will present to NHTSA the details of establishing the project director's office, initiations of countermeasure development and the initiation of the planning and evaluation tasks. Since this report is submitted about midway in the project planning period it would be desirable to depict the development activities which have already taken place, and those activities which will be performed to develop the project for operational status.

The Detailed Project Plan. The plan is an orderly arrangement of steps to be taken in achieving the project objective. It has five important functions. It becomes the project work statement. It serves as a road map in achieving the project objectives, it serves as the base for measuring progress. It serves as the base for project evaluation. It provides information to other agencies. The plan will cover two distinct phases of the project. The organization or development phase, during which the project director's staff, the countermeasures and evaluation procedures are set up and the operational phase during which the countermeasures are in effect.

The detailed project plan will have five parts. First the executive summary which is a brief description of the project. Second is the system description. This is a broader and more detailed description of the project. Next are the countermeasures descriptions. In this part each countermeasure that is to be established is described in considerable detail. The next section is the data system description. The last section describes the characteristics of the community in which the project is located.

The executive summary provides a quick picture in capsule form of project activity, schedule and cost. A tabular format is suggested for the executive summary. It should list the name of the community and the prime contractor, that is, the office conducting the project; the mayor, the city manager, head of the county, the county board of supervisors or whatever. The project objective is stated. This would be followed by countermeasure data, that is, the name of each countermeasure element, the date when it will have been developed and in actual operation, and the budgeted cost to establish and operate each countermeasure element.

The System Description. As stated earlier, the system description describes the overall project in greater detail than did the executive summary. It will start out with the project objective followed by a description of the total ASAP system flow. A flow chart and narrative should be provided. This is followed by a description of how the effectiveness of the project will be evaluated. Measures of performance that is, indications of progress toward achieving the project objectives, both direct, ultimate, and indirect, intermediate, will be listed along with the sources of data experimental design (how the data will be used) and pre-ASAP project data, to be used for baseline. A milestone chart showing the work packages that comprise the project development and operation is next. The last part of the system description should show the total amount of money to be spent on the project and the monthly expenditure, and obligation. More specifics on evaluation will be covered by Al Crancer.

The third section, countermeasure description, will describe in detail the individual countermeasures. All countermeasures should be grouped in their appropriate countermeasure acitivity areas.

The countermeasure description should start with the title, the agency responsible, and the objective. This would be followed by an operating description.

The operating description should tell what is going to be done in this countermeasure, who will do it, how it is going to be done, where and when. State equipment needed and its use, training required, and relationships with other countermeasure elements. A flow chart would be helpful, here, in depicting these relationships.

Evaluation data should be listed — measures of performance, source, use and baseline. Include a description of steps to develop and operate the element. A milestone chart should be included. Finally, show the budget. The system for handling project data should be described in detail. Data sources, storage and retrieval, collection and processing procedures should be covered. A glossary of data handling terms and definitions should be included. Part 2 of Appendix B of the ASAP Evaluation Manual lists the types of data that will be handled. The community description should be provided in the detailed project plan. Part 1 of Appendix B of the evaluation manual is a guide.

Quarterly Progress Reports. A second major reporting requirement of the ASAPs are the quarterly progress reports to be submitted every three months after the submission of the Detailed Project Plan. These reports will be directed to a summary of the quarterly progress of the project using the detailed plan as the basic reference and submitted in accordance with the specific outline depicted in Chapter 4 of the Project Director's Handbook.

It will include an overall system milestone chart; a graph of expenditures; project highlight—significant progress, problem areas and changes in plans; a summary of performance indicators, ultimate and intermediate and comparison with baseline data; planned accomplishments for next quarter and anticipated problems. The performance indicators are those shown in Appendix H of the Handbook materials provided, and will be described more fully by Al Crancer. Please note that the Quarterly report outline on page 4-20 of the Handbook requires both overall system progress as well as countermeasure progress.

Evaluation Aspects of Detailed Plan

Alfred Crancer, Jr.

Just briefly a few comments on the role of evaluation in the detailed plan. Obviously, you have to introduce evaluation in the advanced planning if you are going to come up with an evaluation at the end of the project. Secondly, you have to integrate your evaluation staff into the project and it's a good idea to do it when you are just getting around to starting the project. Actually the detailed plan sets the stage for all the following work. If we get off to a poor start we will probably end up with a poor evaluation. I think it's very important for the project directors to realize that the success or failure of your project will probably be determined by the evaluation report prepared by your evaluation team. Of course they are going to prepare it for your signature. But eventually how they evaluated your project will filter up to NHTSA and we will be looking at this evaluation document to determine whether you did succeed or partially succeeded, or maybe partially succeeded and partially failed in your effort to come up with a countermeasure program.

We talked to the evaluators separately a little while ago and we brought up the point that it is the evaluator's responsibility to communicate with the project directors. More than likely the people you have selected as evaluators are the kind of people that can speak your language. Hopefully there is some degree of understanding already. We'd like to point out that we, at this level, think that it is the evaluator's responsibility to talk at your level and I think they can do it. One of the purposes of the evaluation manual is to bring the project evaluators and project directors to a common level of understanding. Sometimes it is a little difficult for the evaluator to explain things in simple terms. Just keep bugging him and pretty soon he'll be able to figure out how he can explain to you why you need the kind of evaluation that they are designing for you.

Now our role in the detailed plan in this preliminary planning, is to provide you with certain information that you need. We talked a little while ago, at least to the evaluators, about this Appendix H of the *Project Director's Handbook*. These are a minimum set of performance measures that we'd like to see reported to us at the national level. They haven't been tried and tested yet. We're going to want some comments. Our role is to give you guidance on, and a requirement for what we want in the way of data. Hopefully we are going to come up very shortly with a format for your files and some specific guidance on reporting formats. We hope to be able to, within a month, give you some idea of what we are talking about in the way of cost effective analysis. We are going to discuss with the evaluators, a core set of data, a core set of questions that could be used for the voluntary roadside survey and your household surveys.

Our role is to give you certain information. Your job is to comment on what we are doing for you and then expand on the information that we furnish to you as applies to your project. Next, we look at the detailed plan as providing us with evidence that the program is really underway. It provides us with evidence that your plans are well thought *out. Certainly it provides us with evidence* that the evaluator and project directors are really talking to each other. Your initial proposals that you sent in on the selection made tell us in general what you are going to do in evaluation and also in the way of countermeasure activities. In the detailed plan you will get around to really telling us what you are going to do. Then hopefully as a result of your detailed plan we can all meet and work out some problems inherent in each ASAP and probably in some of the requirements that we put to you. In summary, the evaluation role in the detailed plan is simply to insure that what we need is there, insure that what you need is there or about to be there, and to help you really get started on a very firm foundation for your ASAP program.

Let me briefly go over Appendix H and give you an idea of what's in it and what is not in it. I think a lot of people think that in Appendix H we have a minimum set of data requirements for each and every countermeasure activity that you can think of. We don't. What we've done is tried to identify the most common countermeasure activities. For example, in the enforcement area in Appendix H, we have identified only two activities, the increased patrol activity and the police training. In the judicial area, we have judicial operations, presentence investigation, probation, and then, again training of court personnel. In the area called rehabilitation, which is the combination of medical, social and service, we have the medical, psychological diagnosis and evaluation. That's one major activity that we seem to find in almost every ASAP. We also have treatment programs under rehabilitation. We must have close to 20 different treatment programs. Now this data requirement for the treatment programs will probably fit almost any kind of treatment program you have in your ASAP. We also have, under rehabilitation, an identification of a problem drinking driver activity. People can come to the rehabilitation centers in other ways than through arrest or through licensing procedure. Under licensing we have medical advisory boards, identification of the problem drinking driver, again through record reviews. In another area, public information and education, we identify two major countermeasures, information programs, that's the programs to influence target groups like teenagers, young adults, maybe particular occupational target groups like physicians, legislators, police. We also have under public information and education the education type programs. Programs for example, which create an awareness of the drinking driver problem, like the high school driver education programs. Now it is possible that at a later date we could find a countermeasure activity that is common to almost all the ASAP. At that time, then, we would probably try to get a set of performance measures standardized so that we could, maybe, summarize and compare data from each ASAP. We have left out one major area that isn't in Appendix H and that's the legislative and regulatory. We don't feel really confident about what we are asking for in this area yet and it will probably be ready, maybe towards the end of the week. That is one area that a lot of the ASAPs have an activity in and that certainly we're interested in summarizing data on legislative activity up to national level.

We're saying we would like this data reported to us in the quarterly report at the national level. Now hopefully each and every ASAP can easily obtain this information. We had some practical people involved in generating the minimum set of performance measures, people who were actually working in various ASAPs so, hopefully they didn't cause us to generate a requirement that's impossible to most ASAPs. Right now, for example, if you don't have a presentence investigation countermeasure activity then the information we need on presentence investigation should not be forthcoming. We've identified maybe 10 or 11 countermeasures that we'd like to see information on at a national level. Some of the projects have a very narrow range of countermeasures being used, therefore the ones that don't apply shouldn't waste any time trying to collect data.

We'd like to see each ASAP collect a household survey to determine the effectiveness of various information and education programs. Some of the ASAPs however are tentatively going to use telephone surveys, or mail surveys. We'd like to discourage such surveys because it would make it very difficult, first of all, for us to aggregate the data here at a national level and secondly, the opinion of a lot of our consultants is that when you get into the area of trying to determine behavioral correlates like drinking behavior, driving behavior, you don't get good information through telephone surveys for example, and almost all of our consultants in information and education surveys, don't believe that the mail surveys are of much value at all because of the very high rate of no response, and the very selective nature of those who do respond.

The household survey poses problems if you have a large geographic area. Of course the idea is to employ some sampling procedure. But definitely it is more expensive if you have a large State.

Really in the public information and education area, if we could get everybody to conduct household and voluntary roadside surveys and then at the same time try to evaluate the Grey campaign, this national public information and education campaign, through a national probability survey, we would probably be able to really know what's going on in this particular area—maybe better than in the other areas.

Nothing really has been said yet on the use of the voluntary roadside survey. I know Bill Howell thinks that they are very important and a lot of other people do. We certainly would like to see more of the ASAPs use such a device to determine the incidence of just plain drinking and driving because it would be very helpful in trying to determine the effectiveness of the program if you could compare the alcohol related accidents to the charge of drinking and driving in your ASAP.

I don't think that any money has been allocated to control cities for roadside surveys. Dr. Voas has mentioned the possibility of maybe getting some control type information on the voluntary roadside survey at the national level. Maybe we could tie this in with some of our other nationwide activities.

Law Enforcement Support for ASAP Programs

Martin M. Puncke

Martin M. Puncke is the Acting Chief of the Systems Operations Division, Traffic Safety Programs, of the National Highway Traffic Safety Administration. His previous position was with the Maryland State Police as Chief, Training—Personnel Division. Mr. Puncke was educated in the Illinois and Maryland Public School System. He graduated from special police schools, including the Traffic Institute, Northwestern University. He has lectured at Northwestern University Traffic Institute, the University of Maryland, and the Southern Police Institute on the subject of police traffic supervision.

This morming I have been requested to discuss the law enforcement support for the ASAP programs of which you ladies and gentlemen are program managers.

In a normal police organization, particularly a municipal police department, there are usually three specific branches: first, the administrative branch, which takes care of the operational procedures of the organization, payroll, logistics, and so forth; the second part is the planning, research, and training part of the organization—I think the terms express their responsibility; and, the third part of a police organization is normally referred to as the operations section or division. This is made up of a general patrol. These are the men who assume the full responsibility of the normal workload of a regular police department. A second part is a criminal section. The criminal section will depend on the size of the department and the responsibilities given to that division. If you have a large organization, this could be broken down into several subdivisions, such as homicide, a safe squad, a check squad, automobile theft squad, narcotics, gambling, prostitution, and so on. The third part of an operations division of a normal police department is a traffic division. Again, the traffic division will depend upon the size of the organization and the size of the problem that exists within the particular police department involved.

The ASAP program is primarily interested in the traffic division and this is where most of your contact will be in managing the ASAP programs, but you must realize that there is a general patrol and a criminal division within the department and they are also a part of and can be a part of your alcohol countermeasures program within the particular site. In planning your enforcement program within the organization you must be sure that they become involved and that you do not just involve the traffic division of a police department. It is your job to develop an interest within the administrative and criminal divisions of the department so that they will work with you and do an efficient job of the detection and the apprehension of the alcohol drivers.

This may be a selling job of the personnel within those other divisions as well as the traffic division and it may be that you have a selling job in the top administration of the organization. It is a hard, monotonous job and it is your responsibility to create this interest and desire and enthusiasm within the organization for your program. At the same time you are creating this enthusiasm, you must also realize that a normal police department has many other problems—the problems of crime, assaults, civil disorders and routine assignments that must be done and are a part of the overall basic responsibility of the police department; but, at the same time, don't let any forget that every man in the organization has a responsibility in traffic.

We may ask ourselves how does your special police group fit into this organization. I am a little biased concerning the police and their real importance in your program. In almost all of the projects the police are the ones who will start the ball rolling for your program. The policeman makes the initial contact. He is the one who must make the first arrest in order to get the alcoholic into the overall system of alcoholic rehabilitation. The person must be arrested before his license can be suspended or revoked. The person must be arrested before he can be put into a rehabilitaton program for driving while under the influence of alcohol. I do not think the police are more important than any other discipline but they will be as influential as any other in the success of your program.

Selective enforcement is the application of an enforcement effort against a particular violation causing a problem at a specified time of the day, day of the week, at a regular location. The enforcement effort must be sufficient to obtain a result. This is not a complicated application of a procedure; it is a simple principle that is applied in police work in many other areas. If your records indicate that there has been a bank holdup at a certain location on the third Monday of the last two months at 9:07 in the morning, it is certainly reasonable to believe that you would have policemen there on the third and fourth months to be sure that this particular crime was not repeated. The principle of selective enforcement is exactly the same. If you have accidents caused on a particular day of the week at a particular time and location and they are caused by a particular violation, enforcement must be applied at that time and location to overcome the problem.

The enforcement of your alcohol program is the same. There is a time when people usually drink and drive. There is a location, where they sell it, or where you know parties are constantly held, which creates this type of a situation. There are particular days of the week, usually Friday and Saturday, when there is more drinking than there is on the other days of the week. You know that there is a time, such as a payday, which could have a bearing on the amount of drinking that could be expected within certain communities. You know there is a cocktail crowd that drinks between 5 pm and 8 pm. You know there is a nightclub crowd that usually drinks and drives from 11 pm until 2 am. All of these must be taken into consideration. You also know there are different types of people involved. You have the office crowd that drinks in the afternoon; you have the farmers and the laborers who have particular times when they consume alcohol—particularly true if work is cancelled because of rain. It is too early to go home, therefore, the normal procedure is for the laborer or farmer to enter a bar. A good enforcement officer knows that a problem is going to exist under the circumstances.

Selective enforcement is not a complicated process. It is really very simple when you think about it. It is so simple that everyone knows it. Everyone says they do it. Everyone thinks they do it. But nobody follows through to see that it is actually accomplished.

To have a good selective enforcement program you must have records—good records— which permit you to fully understand the problem and to make assignments of your personnel in the most efficient manner. The policeman must be trained to recognize a drunk. This usually occurs when you observe somebody driving too slow, driving too fast, weaving, hesitant in the operation of the vehicle, driving erraticly, riding the brakes, having the appearance of a person under the influence, or when the policeman has an intuition that something is wrong with a particular driver. Much of this can be observed or obtained through training; the rest of it through exprinece in recognizing an individual who is in this condition.

Recently I checked the records of one county in Maryland and found that there were only 24 arrests for operating under the influence through a particular year. This is not realistic. It is certainly an indication of lack of police department training, or inefficiency on the part of the department, or a court influence which is making it impossible for the police to operate, or there is supervisory complacency in the organization and they are not following through or giving it its proper importance in the overall problem of traffic enforcement.

In managing the programs for which you have a responsibility you have one very important commodity which requires a great deal of your attention. This is the use of manpower. Manpower is a very expensive commodity and it must be used efficiently. You, as a manager, must constantly watch and evaluate the use of your manpower to be sure that you are using and obtaining the maximum benefit from them because your program will be evaluated upon the success of the use of your manpower and the results obtained from your particular project.

I would like to repeat a view of the most important problems and considerations which you must face in order to have a successful ASAP program. First, there is the organizational structure of your project and the coordination and cooperation you will give and receive from the police department involved. Secondly, you have the job and the responsibility of selling to that department, from the chief to its lowest patrolman, the concept of how important the particular ASAP program is to them as individuals and to the community which they represent. Create this enthusiasm and dedication to the success of the project and then find some way to maintain this enthusiasm through the life of the project. Thirdly, you have the efficient assignment of personnel. How these policemen are going to be used, what you are going to expect from them, what they can accomplish, and how they can further your program in the most efficient manner. Fourth, you have the adjudication process and this could be either a fine, confinement, or rehabilitation in some type of an institution. But, all of the work done prior to this point rests upon the final decision of the court as to how they are going to handle this individual or attempt to rehabilitate him. You can have an excellent police department and if you have a poor court system your project will not succeed. By the same token you can have an excellent court system with a poor police department and your project will not succeed. It is of great importance that the police and the courts work together and this is one of your main jobs as project manager.

I would be very happy to answer any questions that any of you may have concerning the presentation or anything that we can discuss to assist you in your managerial responsibility for your program.

Judicial Support of ASAP

George Brandt

Mr. Brandt is a Specialist, Traffic Court Standard in the Office of Standards Development and Implementation, Traffic Safety Programs in the National Highway Traffic Safety Administration. He has been Deputy District Attorney of Jackson County, Oregon, specializing in traffic offense cases; Assistant Attorney General of the State of Oregon assigned to the Motor Vehicle Department, and Counsel, Western Highway Institute, San Francisco, California, specialist in motor carrier tax and regulatory laws. He received his B.S. in Political Science from the University of Oregon and his J.D. in Law from Willamette University Law School. He is a member of the National Committee on Uniform Traffic Laws and Ordinances.

Gentlemen, it is my pleasure to be here with you today. It is always a pleasure to see a problem such as alcohol and highway safety not being left to the lawyers or the courts. I may be saying this a little tongue in cheek, but as the old saying goes, "you don't leave war to the generals."

The traffic court situation, insofar as the alcohol cases are concerned as most of you know, in your site areas, is in a rather bad state of repair. Now, obviously, that is an understatement. However, let's not berate this sad condition. It comes about due to a lot of reasons. Just in the nature of the judicial structure itself, traffic offenses have been relegated to the so-called "lower courts," which are the traffic courts. Typically, the judges are people who are in the lower realm of the judicial ladder, although many of them move upward. It is a fortunate situation, if you have a site, and there are some, where you do have outstanding judicial talent and personnel, people who have in the past, or are currently developing insight into the alcohol problem and the processing of cases in their courts.

Now court structures themselves are legislatively determined in your States. Court structure, particularly in the lower courts, have generally been oriented toward the rural environment, the Justice of the Peace. I know a number of you have just the metropolitan courts, but many of you also have JPs involved if you have a County site or State site. The Justices of the Peace, and also a number of municipal courts have been non-lawyers who have not been trained, or they do not have a background, not only in general highway safety problems, but generally in the law, and in the processing of cases. So this provides a very difficult problem, particularly with the difficulties of multiplicity of court jurisdictions.

One court structure problem that exists in approximately 15 sites is a situation where you have a number of courts of different types that can process DWI cases. Now they process these cases either as State charges or municipal charges. The determination of what court is used is based often times on the enforcement officer's decisio. If he is a municipal officer then, of course, he tries in the municipal court. This is a revenue consideration in many regards, and is rather a difficult situation because of this orientation. It is not specifically highway safety oriented.

Fortunately, in general, with court reform going on in the criminal justice system, there is a reorganization of courts which involves either the abolishing of the Justices of the Peace, the integration of municipal courts into the State court systems, or a combination with general supervisory control being levied at the State level. A number of you have this currently in existence. Fortunately, you find that in the cities the legislatures recognize, along with the judiciaries, a necessity for this reorganization. If you don't have this reorganization, you have municipal offenses often times in your municipalities, where the penalties are not the same. In other words, you have the same offense but you have different penalties. Unfortunately, particularly with your driver suspension system at the State level, there are some sites where the municipal conviction for driving under the influence does not count as much toward a license suspension. This is a particular problem in the State of Missouri. However, I will cite a couple of exemplary examples where reorganization is occurring.

In Indianapolis there is a "Unigov" type of government system. In other words, a merging of the municipal and county authorities which is ideal for the purposes, not only of the police, but also traffic courts. Just recently, Portland, Oregon, integrated their Municipal Court System into the State Court System. Also in Richmond County, Mr. Edens has informed me that he is attempting in that county to develop a court that would process all DWI charges and would do away with this multiplicity of court jurisdictional problems. Of course, once you get a high court or a State Court level of supervision you also get the benefits, in many jurisdictions, of better prosecution, because you will have your county prosecutors who have been trained more thoroughly, in many cases, than your city attorney or prosecutors. You get a better record keeping process—you get many benefits when this situation develops. And many of you will find in your sites that this sort of change in the court structure will be necessary.

The second item which I am going to comment on is sentencing alternatives, and pre-sentencing investigations will be the third. It is a rather critical subject, and I will make this broad statement because I review the ASAP proposals. Unfortunately, this is one of these areas, and it is by the nature of things, where there is a great deal of uncertainty due to the fact that you are dealing with the lower courts that have never had probation authority before. In effect you are thrusting it upon them and you are going to get a number of responses from them.

If you have an aggressive, and adequate judge, who wants to take that ball that you are handing him, and run with it, then you have a good situation. You may find however, that the judge is reluctant. He has never had this authority before, never had the facilities or setup that you are proposing that he have. So it is a matter of educating, pointing out to the judge what he can do. But even again, we deal in a system, and we have got to understand this, because these judges who are in the system—the Anglo-American system of sentencing—by which legislatures do not provide the necessary guidelines for use of judicial discretion. When we get into probation, which has normally been for the higher courts, you get into an area where there is a great deal left to that judge, and this makes an extremely difficult proposition. We in this country, do not provide in our legislation aggravating or mitigating circumstances to help guide the judge in the use of his discretion.

Now, if you once convince the judge, and the judge is willing to develop this program of probation, then again he is going to look at what your program is, and immediately you are again into something. You are into the question of "what is the alcoholic problem and who is the drinking driver?" Bob Voas has mentioned the tentativeness of scientific conclusions in this area. The judges, the lawyers, the people working out in this field, they know that it is tentative, because they are the people who deal with it daily. The question is, is it a disease or is it a learned habit? Probably both, in cases. But then you get into the nature of the criminal justice system which is basically deterrence oriented, and in the past it has been retribution. We know it has. It hasn't been prevention necessarily, unless from retribution there is prevention.

Now you come and you want a more forward looking way to approach the violators through a treatment-rehabilitation process. Yet deterrence, the very nature of the beast, is that you have good law enforcement. You have then the risk of punishment, you have good court processing, then you have the effect of the imposition of punishment. Therein lies your deterrence in this field. If you have good enforcement, then you have trouble sometimes with the prosecution, trouble sometimes with your court. You haven't been able to get this individual through the system. You just don't get the individual in a position where you can get him convicted and then probated. So you really have to develop a viable method of probation, one that you have to hammer out with the judiciary. And that means *hammer it out.*

The judge understands what you are doing, and agrees with what you are doing. Nothing tentative about that. You can't have this thing tentative. Now you are going to have an increase in convictions, you are going to have a lot more people brought before the courts. Hopefully, what the program is getting at is the chronic alcoholic. The driver that deterrence is probably not going to have that much effect on and who will probably be out there on the highway after you get the social drinkers off the highway. He will be still out there. So when your program gets that far, and you have been able to convince the social drinker to stay off the highway, you are still dealing with that chronic alcoholic and you have got to have good sentencing alternatives.

Now what is good? Obviously, it has been mentioned here that there are combinations of approaches. Some sites have even approached this matter from a preconviction basis, where they continue the case. They don't convict, they continue. Some sites have convicted, suspended imposition of sentence, not probated. The court know that they can't afford in many cases to be tentative in this area because they are dealing with public opinion. They are dealing with problems of having a good system of processing the offender, and the traditional approach is conviction and then a pre-sentence investigation. In other words, it is hard, if you are going to use the criminal justice system, to mold it away from this traditional form, away from conviction, guilt. This is the system. We know it is.

There are a number of treatment methods proposed in the proposals, such as retraining through schools, the Phoenix story being a beautiful example of this. There is group therapy. Eventually you get to the hard-core drinker drivers, the chronic alcoholic. What is going to be done with them, gentlemen? Have you decided in your program what is going to be done with them? Because you're then into the type of question that the higher courts have been dealing with of civil commitment to the State mental institution or hospital. Now, is that the route that some of these people are going to have to take? Anybody have an answer? Okay, they're going to have to go down that route, some of them.

Now you are going to talk about something then that is, we know, very sensitive for anybody to be sent to a hospital—a mental hospital. The court is into this area where they have to make a decision, that the individual is not responsive to treatment, that he is dangerous to the public, and that he requires this kind of protective custody with treatment. The type of record the judge will look at, the pre-sentence report, is going to have to be a good one. Now Mr. Joscelyn and I have a little difference of opinion here on the subject which I think is good to air.

Mr. Joscelyn feels that if you have alcohol in other cases, for example, speeding, reckless driving, in other words a reduction type of situation, reduction of charges, you can still perhaps work this individual into that extensive treatment phase. I seriously wonder if you can do that. In other words, if you have convicted the individual of drunk driving, driving while under the influence, whatever the State calls that offense, then you can point out the dangerous nature of his act, this criminal act, and the alcohol relationship to that act. It is the offense that you are dealing with. It is the crime, and a judge will, I suspect, feel much better about sending an individual down that whole course of treatment if he has got at least one previous conviction, and he may very well at least want one more, as well as an excellent pre-sentence investigation which shows that this individual has all the characteristics of a chronic alcoholic.

Now, one more feature here that I think should be brought up which is a critical feature and it is something that Marvin Wagner undoubtedly is going to be dealing with in his Legislative Program and that is the driver license suspension. We know as a general rule it's a mandatory suspension on the first conviction, driving under the influence. There are exceptions in some states. Some states provide a minimum and a maximum period for suspension and the court has to impose the minimum but has an alternative to go for a maximum limit. If this device exists in a state, then there is flexibility in the judicial sentencing of the individual and treatment. In some states you have the situation where the license can be returned on a drunk driving conviction for hardship situations, so there is some flexibility in those states, also. But generally you have very little flexibility in your suspension set-up.

Suspension is a critical feature of the rehabilitation and treatment of this individual. It may be the most critical—especially when we find that the courts in this field do not like to put the individual in jail. They will fine him heavily but they will not jail him. They do sometimes. Sometimes it will be necessary that these courts do it, but it is difficult many times for the court to decide to jail the individual.

The license suspension aspect is of a critical nature then. Most individuals need that license, whether it is for livelihood or just general use of their vehicle. So this is an area that needs considerable development, and again I do note that in your ASAP proposals there is much uncertainty in this regard. I am not certain whether that is due to insufficient driver license personnel involved in development of your site project, or whether the court feels that even though the law states that it is a mandatory suspension that they can effect the suspension in their rehabilitation and probation procedures. The latter case would be rather unfortunate gentlemen, because again, if it is a mandatory suspension, the judge is not allowed to suspend imposition of the mandatory license suspension and when he does there is a question of civil liability. So the suspension again, is the key aspect of your rehabilitation and treatment phase.

Well, that pretty much sums up many different things. Again, I think that you are doing a marvelous job in dealing with an extremely difficult situation. It is structurally hard to change the court systems. I understand this problem as well as most of you because one of my primary jobs is to see if the systems can be revised and modified. So, the very best to you, and I will assist you in any way that I can.

The Adjudication System

Kent B. Joscelyn, J.D.

Kent B. Joscelyn is the Director of the Institute for Research in Public Safety, Indiana University and is the general supervisor of the evaluation team provided by the Institute. Mr. Joscelyn has been directly involved in the management of major research projects for the Federal government and Indiana University during the past ten years and has served as principal investigator for a series of NHTSA-sponsored projects which have provided research support for the National Alcohol Safety Action Project.

I think that I would like to start out with a disclaimer. There is probably nothing more dangerous than to have a lawyer get up and give general legal advice when there are this many people present to remember what he says. In this case it is even more true because we are talking to people from many different jurisdictions and I would like to emphasize that the purpose of our conversation here this afternoon is to raise issues, not necessarily provide the answers that are applicable in your jurisdiction. This raises a very clear point of the necessity for you to have very competent legal advice within your own jurisdiction. You are dealing with a problem and a proposed solution that has its roots deep within the legal system. You are using the traffic law system as a risk management social control system to deal with the problem of drunken driving. Almost every facet of the activity has legal implications and connotations. As project directors, it is very critical for you to have good, clear legal advice in advance of a problem in your own jurisdiction.

During the last year we completed a task, under a contract, involving examination of the "Driving While Intoxicated Control System," which we abbreviate as DWICS. Volume 3 of that report was passed out early in the Spring and titled, *The Problem Drinking Driver: A Legal Perspective*. I think many of you may have examined that. It was primarily a legal brief, covering conviction, but not post-conviction. Some of the response that we received from that volume caused us to rewrite a portion of it and to add on a section dealing with post-conviction activities. That has been handed out to you as Volume 3, of the Court Procedure Study entitled, *The Legal System Controlling the Problem Drinking Driver*. Obviously this is a draft version. We anticipate that the product of our contract will be a set of guidelines to be used by the court, the prosecutors, and the probation system, (these are what we view as the essential elements of the adjudication system), backed up by a series of volumes of essentially background material. Volume 2, *The Literature Search*, and Volume 3, *The Legal System Review*, are two examples of that type of material. What I propose to do today is touch on some issues in adjudication. I recommend to you strongly that you take the time to read Volume 3. I think it will perhaps answer some questions in your minds and alert you to other questions that you should resolve in your local jurisdiction.

The first problem we should become aware of in examining the adjudication and prosecution system dealing with the drinking driver in our United States is what I call "Lost Defendant." When you examine the flow of cases through the system from enforcement on into the court, through the prosecuting activity, you will find that a great percentage of those drivers arrested drop out. In many jurisdictions, less than 50% of those originally arrested for drinking driving are actually tried for that charge. You have to be particularly sensitive as to what is happening to the arrested individual within our system. This touches on the point of plea bargaining. I think that plea bargaining is inconsistent with the objectives of rehabilitating a potential drinking driver on risk on the road. It is not really satisfactory and it should be eliminated if possible. It is unrealistic to anticipate that we are going to eliminate plea bargaining in its entirety from the justice system. The objective that one must be concerned with in an ASAP program or a similar program is to create sufficient constraints so that plea bargaining will be held to a minimum, and so that plea bargaining that does occur is consistent with the objectives of the program. It may be perfectly desirable to accept a lesser plea. It still brings the man within the probationary area in a case where there's say a 95% chance that the case may be lost if it went to trial on the charge of drunken driving. But, this should not be used as an excuse to plea bargain away the majority of the cases.

Another area I believe should be covered is the area of civil commitment. One normally does not find the chronic alcoholic in possession of a drivers license and engaged in driving. However, it does occur from time to time, and with a broad base screening activity, you may anticipate finding some people whose drinking problem is so severe as to warrant civil commitment. Commitment to a medical institution is normally provided for under the state statutes. I might comment that in almost all the states, civil commitment is a very rigorously defined statutory policy usually implemented at the direction of a court of record, that is, a senior court having a general jurisdiction. In those cases where it is clear from the initial facts that you are dealing with a chronic alcoholic, I think that your system should be prepared to explore the possibility for civil commitment.

On actually examining the sanctioning process itself (I am assuming now that we have actually gone through the trial, and we have a conviction), I think that there are certain points that must be made. In general, the courts that are trying drinking driving cases are not courts of record, that is, no formal transcript or record of the proceedings is made. In fact, many of the records associated with the cases are kept on a very informal basis. This is not only unsatisfactory for project purposes, but it is unsatisfactory legally. If we are going to attempt a relatively innovative process whereby we refer individuals to other than the traditional sanctions of fine or imprisonment, we must be very, very sure that the record reflects sufficient facts to warrant such an action. A very clear portion of this decision base must be the presentence investigation.

There has been some comment in some jurisdictions that they contemplate conducting a presentence investigation prior to conviction. If this is done, one must be very, very careful to assure that the appropriate Miranda warning is given, that the individual is advised of the right not to talk, the right to counsel, and the right to have counsel provided for him if he is unable to pay for it. These warnings must be given if the material is to be in any way used in the conviction process. In other words, if during the course of the trial that deals with the finding of guilt or innocence those individuals who are involved in the presentation of the case or the determination of guilt have access to information that has been obtained from the defendant without a Miranda warning (whether it is to be used directly or indirectly) sufficient error may result to require reversal or a new trial. If you are going to attempt to conduct a pre-sentence investigation prior to conviction, be sure that you do one of two things; either the full Miranda warning is given and the individual waives his rights and consents to the interview or two, or if it is not done under those conditions, that the information obtained be segregated and in no way made available to any of those involved in the decision process prior to conviction.

I mentioned previously the necessity for a record. In examining the general activities of the court, we find that there is no present statutory authority that allows an individual to be directly sentenced to treatment. The direct sentencing alternatives are essentially those of fine and imprisonment. Any other alternative is essentially a condition of probation which is voluntarily accepted by the defendant. The defendant must have the opportunity to say, "I do not wish to participate in your training program. I wish to go to jail for six months." It may be in a sense an illusory condition. You may have coerced him into volunteering for the probationary activity, but the option must exist.

We find that the range of judicial discretion in establishing such options is extremely broad. One needs to be sure that the record reflects that the judge's decision is not an abuse of discretion. There must be a relationship between the crime and the probationary conviction. It is essential if you are going to deal with a probationary condition relating to alcohol that your record of conviction and your facts show that alcohol was involved in the event. The probationary condition is invalid if it relates to a conduct which is not in itself criminal. In other words you can't place a person on probation for an act that is not criminal, or if the condition requires or forbids conduct that is not reasonably related to future criminality and does not serve the statutory ends of probation. You must show that the conditions of probation that you are establishing tend to reduce the possibility or probability of future criminality, and that they are in fact related to some rehabilitation purpose. I think that it is very necessary to stress this wide range of judicial discretion. Appellate courts are very, very reluctant to overturn sentences of lower courts, when the record shows there has not been an abuse of discretion. Frequently when you find judgments of lower courts overturned you have a case where the record was simply not sufficient to allow an appellate court to decide what happened. I would stress, very critically, the necessity of having a record which substantiates the probationary action that is to be taken.

Another area which you should be familiar with, and conscious of, is the problem of civil liability. I don't want to unduly frighten you, but it is my judgment, and I think the weight of authority is behind it, that we can adequately run court based referral programs. However, as in any activity that the government undertakes, any activity within the criminal justice system, we are balancing the rights and duties of the parties and society, and the failure to adequately safeguard the rights of the defendants can create a civil liability. I mentioned previously the issue of judicial discretion. Unless the judicial authority abuses this discretion, it is essentially immune from suit, and that immunity extends to those that are acting within the purview of the judicial officer. I suggest that you deliberately contemplate throwing the cloak of judicial immunity as broadly over your program as possible. You should be assured that the record reflects that the judge made a decision on probation after he reviewed the facts, he has directed the probation officers to engage in certain acts, he has referred the defendant to a treatment activity, that he is familiar with the nature of that treatment activity, that he has made provisions for adequate follow up, and that he or his probation officers are familiar with what is occurring with the defendant independently of the activity of the treatment facility. If the court is to rely on medical judgement or medical evaluation or other evaluation of the defendant that the individual may consent to, that evaluator expert should act in a court appointed capacity so that his decision becomes part of the judicial process, an independent decision though it may be.

In addition to the normal problems of civil liability, that is, the ability of someone who is injured as a result of an abuse of discretion to sue for money damages, one should be cognizant of a growing remedy and that is injunctive relief. We are seeing it developed both within the laws of the several States and also the Civil Rights Act which gives a broad remedy for injunctive relief. I think that you have to recognize that when we go into a specific jurisdiction and intensify the level of enforcement activity, we are also going to intensify the level of defense counsel activity. Today the range of remedies that the defense counsel may choose, frivolous though some may be, is limited only by his imagination. I think that it is safe to say that a program can be viably run, but I think that each of you in your jurisdictions should be cognizant of the various issues that may be raised, should consult with local counsel who has the opportunity to review the situation relevant to your local laws, and advise you to take such action as may be necessary to give yourself additional immunity, to take the steps that will reduce civil liability to a mere possibility.

The Current Status of the Treatment of Alcoholism

Maxwell N. Weisman

Dr. Weisman has been the Director of the Division of Alcoholism Control of the Maryland State Department of Mental Hygiene since 1968. He was educated in the New York City Public School System and graduated magna cum laude from College of the City of New York. He received his M.D. degree from the University of Amsterdam, and served both his internship and psychiatric residency at the University Hospital, Baltimore, where he was also associate chief resident. He was employed as Director of Community Psychiatric Services for the Maryland State Department of Mental Hygiene from 1962 until 1968 Dr. Weisman has written a number of articles on community mental health and treatment of alcoholism for medical journals in the United States and abroad. He is a fellow of the American Psychiatric Association, and a member of the Department of Psychiatry, Johns Hopkins Hospital and the University of Maryland, member of the Board of Directors, North American Association of Alcoholism Programs and of the National Advisory Committee on Alcoholism.

I would like first to indicate that it is with considerable humility that I stand before you as a psychiatrist to speak about the treatment of alcoholism. We psychiatrists are notoriously poor at treating alcoholics. It is unfortunate, and is, perhaps, a cross one has to bear. Quite apart from that, however, the mere mention of psychiatry, not only in a group concerned with alcoholism but in any public gathering is fraught with emotional attitudes and anxieties on both parts, the audience and the speaker. So it is with considerable humility and an awarenesss of some of the possible interchange of feeling between us, that I want to talk with you about the treatment of alcoholics.

First of all, I want to share with you my own personal feeling of excitement about the development of the ASAP programs throughout the country. There is going to be a real breakthrough. I don't think anybody can predict the extent of this breakthrough, but we have certainly been operating for a long time in a tired and frustrating field in treating alcoholics. Now, for the first time, we can anticipate the kind of early case finding that everyone in the field of public health would love to see, but has not been able to achieve in the field of alcoholism. It perhaps will be the realization of a public health dream to embark on a program that goes so directly to the task of saving human lives and addresses itself to the great bulk of alcoholics in our country, who are not recognized and who deny their alcoholism. This is what we want to do with tuberculosis, cancer, and every other illness, and now, for the first time with your help, perhaps we will be able to realize this goal in the field of alcoholism.

The Maryland law was the first State law in the country which puts alcoholism squarely in the public health domain. It actually defined alcoholism, and indicated who the alcoholic is. It invaded the medical field and provided criteria for diagnosis. You don't have to be a doctor to recognize the alcoholic in Maryland. The term "chronic alcoholic" in the law means "any person who chronically and habitually uses alcoholic beverages to the extent that it injures his health, or substantially interferes with his social or economic functioning, or to the extent that he has lost the power of self-control with respect to the use of such beverages."

Now, then, when you look at such a definition you realize that it says nothing about the causes of this condition. It simply refers to the identification of the alcoholic. But how many are there? When you look across this country and read Cahalan, Cisin, and Crossley's study, (a little book called *American Drinking Practices* which I would urge each of you to get for your library since it is already a classic) one finds the figure of some 90 million adult Americans, above the age of 21, who drink alcoholic beverages to some extent. Of those 90 million Americans, 9 million fulfill the definition of the chronic alcoholic in the Maryland law. I think personally this figure is still an underestimation. They have lost control over the use of alcoholic beverages, lost control over drinking, and have gotten into trouble. It's a chronic illness, and a progressive illness. It gets worse if it is not treated. It is not like many other illnesses that are chronic and reach a plateau, or can burn themselves out. Alcoholism is an illness that gets worse, ending its course in death. Nine million adult Americans, a staggering number! In Maryland, we estimate there are some 175,000 to 200,000 alcoholics. Now, the question can legitimately be raised, whom are we treating across the country? How many of these 9 million have we found, and identified? How many have we convinced that they are in need of treatment, and actually got involved with? A very small number.

Last night I went to the bar, and circulated around with a drink in hand talking to some of you. I was interested in meeting you to get a line on how *you* defined the alcoholic, on what kind of an image is evoked among you when the term alcoholic is mentioned. Invariably, since we are all products of essentially the same society, the image that springs to mind, and this you literally told me, was the man who is devoid of resources. He has already lost his job. He may not be the skid row denizen exactly, but he is well on the way. Ladies and Gentlemen, I have news for you, there are alcoholics in this room. There were alcoholics at the bar. There are nine million alcoholics! The bulk of them are still employed, are still married, are still driving, are still functioning members of society. And yet, the stereotype that springs to mind refers only to that 3 to 5% of alcoholics who are on skid row. The great bulk of the others are the drivers, the workers, the housewives, the executives, the doctors, the Indian chiefs, who are still functioning but are alcoholics, and unless they are identified and something is done with them they will end up in death long before they get to skid row. The skid row population is just a very small number. Right now we are concerned all over the country with these indigents who are socially visible, who may clog up our emergency rooms, our jails across the country, who are the ones that society focuses on as the alcoholics. There is another small number, usually the secret, not spoken of, at the other end of the economic scale, who are treated in elegant drying-out sanitariums. Nobody can tell from the names of the sanitariums that they are alcoholic rehabilitation centers. Then we have a significantly larger number treated within our State mental hospitals, but still a very small segment of that 9 million.

In Maryland, where the disease is out in the open under the law, it is beginning to be recognized as an ethical illness. It is accepted more and more. More than 50% of our general hospitals now admit alcoholics *under that diagnosis* and fully 50% of admissions to our State mental hospitals are alcoholics. It used to be schizophrenics who represented the largest single diagnosis there. Today, it is alcoholics. Not all of them admit to alcoholism, of course, but they *have* gotten into trouble, and seek help voluntarily or are forced into treatment in the State mental hospital.

So these are the people that we are treating now, but where are the others, and why aren't we reaching them with help? The others are right here in this room, perhaps. If I were to go around this room and count off by tens—let's do this now, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10—of you ten gentlemen, one should be an alcoholic, or will become an alcoholic in the course of his drinking history (assuming that you all are drinking Americans). Now I know these are only statistics and maybe there isn't one out of the first ten. Maybe these first ten are not representative in this statistical sample, but then if I count off the next ten, there should be two in that next ten, and if there aren't any there either, by the time I get to the last ten all of you should be alcoholics. No, it *is* a serious problem, and inescapably so.

Now, I would like to develop the question "who is the alcoholic?" further. I was returning from a vacation in Martinique last January, and in the plane had an aisle seat next to a young man. There was a woman at the window who was obviously not traveling with him. The stewardess came by to take orders for drinks before dinner. The woman said no, the young man requested a martini, and I said I would have some tomato juice.

The young man turned to me and said "Doctor don't you drink at all?"

"Oh yes," I said "I drink, but not this early in the afternoon."

Whereupon he responded, "Oh I'm not an alcoholic!"

This started a discussion about alcoholism, and who the alcoholic is. I suddenly noticed the woman was tremendously interested in what we were saying. She had leaned over toward us and was almost in this young man's lap. I thought she might want to be drawn into the conversation but felt shy.

I leaned over and said, "Madame, this young man thinks an alcoholic is somebody who drinks early in the morning, what do you think an alcoholic is?"

She quickly replied, "Oh I don't know, and I'm not interested."

I realized that there was something disturbing her, but didn't pursue it. We continued talking, and the same thing happened, she kept leaning over pretending not to listen.

After dinner her husband came over to talk with her. He turned out to be an airline pilot.

He overheard the young man and me talking about alcoholism, and he said, "Oh, my wife thinks I am an alcoholic." When I asked why she thought so he said, "because she just nurses one drink when we're invited to a cocktail party, but if I have two she is angry with me."

The wife retorted with some annoyance, "But Frank why don't you tell the doctor that while we're dressing to go out to these cocktail parties, you insist on having two or three before we get there."

Again I asked why.

"Well" he said "because if I have the five or six which is my capacity, everybody at that cocktail party will think that I am a lush and so I have to limit myself to two or three but have two or three at home."

"Well," I said "you know Frank this is one of the early signs of alcoholism, this feeling of a need and surreptitious drinking which accompanies it. You might look into it." He bristled a little, and I realized I was on dangerous ground especially since the wife had an I-told-you-so expression.

There was a terrible storm and we couldn't land at Friendship Airport, nor Kennedy and we had to go to Boston. The airline put us up in a hotel and I was about to go to bed when there was a knock at my door. Frank and his wife were there and asked if I would like to join them for a cup of coffee downstairs. I agreed, and went down and we talked until about three o'clock in the morning. It was clear the wife saw me as an ally, and was worried about her husband. What come out in that discussion was that Frank had never gotten into any trouble with the law, or society in any way or on his job as yet. His health didn't seem to be affected by his drinking either. These three criteria of health, interpersonal relations, and job performance, didn't seem to be affected except for his relationship with his wife.

He maintained that he wasn't an alcoholic. But I was doing a kind of psychiatric interview, was non-judgmental and established a fairly close relationship with Frank. He admitted that there was a rule with his airline that you can't drink for 24 hours before flying. But he said, he firmly believed that one cocktail improved his performance and so he defied this rule once in awhile and took his chance on not being discovered. Well, I had a sinking feeling. As firmly as I could I told him I thought he was an alcoholic already, that he showed the early signs of alcoholism, and that even if he didn't think so, for the sake of his passengers he ought to stop drinking and talk to his doctor. I must confess I had some reservations about referring him to his doctor since so many still don't recognize alcoholism as a disease and simply advise their patients to "cut down on their drinking." I suggested that he go to Alcoholics Anonymous which is one of the things that I do with all of my patients when they come to me. Well, Frank wasn't too eager but by 3 o'clock in the morning his resistance had worn down. I left early in the morning and I thought that I would never see him again, or hear from him again, but two weeks later I got a wonderful note from him saying that he had been thinking about our discussion and had attended his first AA meeting and he wanted to thank me for having opened his eyes.

Now, these are the alcoholics, the airplane pilot, the driver, the workers, the husbands and the wives, the you's and the me's. There are alcoholics in all walks of life, and in all professions, and they aren't recognized as having a drinking problem. Now I don't want to get involved in a semantic argument about problem drinking. For my money, the "problem" drinking driver is the "alcoholic" driver when it is not a single, isolated event—in treatment, in handling, there is a difference. You might say that there is a difference in the stage of development, and I won't quarrel with that, but it's been said that being an alcoholic is like being pregnant. You either are or you aren't.

Now, what do we know about the treatment of alcoholism? Perhaps I'd better step back a bit and ask the question, what do we know about alcoholism itself? Very little; there hasn't been enough research, really, in the field of alcoholism. We don't know the causes of alcoholism, we *really* don't. Anybody who tells you that he became an alcoholic because his wife nagged him, or because something went wrong with his body chemistry, or for any specific reason simply has no proof of this. Nobody knows. *I* don't know, *you* don't know, *the alcoholic* doesn't know with any degree of certainty. There are many diseases whose causes we don't know, but that doesn't mean that we cannot treat them, and treat them *successfully*. Even cancer, if caught early, can be treated successfully, and a person's life saved. The same is true for an alcoholic. We do not know the causes of alcoholism, but we certainly know how to treat it, and how to save alcoholics' lives.

Incidentally there is no *cure* for many of these diseases whose causes we do not know. There is no cure for diabetes, for example, as there is no cure for alcoholism. Bill Foster and I used to go around the State lecturing to groups of nurses and social workers, and every once in awhile some sweet young thing would say, "well you are not really an alcoholic, Mr. Foster, you are a reformed alcoholic" and he would pull himself up in feigned high dudgeon and say "I am *not* a reformed alcoholic, I am an orthodox alcoholic." There was merit to his saying that, because the term "reformed" implies some kind of improvement of moral corruption, some sin from which you can be reformed. Likewise, the term ex-alcoholic doesn't mean anything because it implies that you can go back to "normal," social drinking and we do not know this. Once a person is an alcoholic he remains an alcoholic for the rest of his life just as a diabetic remains a diabetic even though he may not present any of the symptoms.

But is alcoholism self-inflicted? Is the alcoholic responsible for his disease? If I were to ask you, "Is there anybody who twists the alcoholic's arm and forces liquor down his throat?" you would all have to say, "No, this is a voluntary act on the alcoholic's part. He drinks voluntarily. He has a choice when he starts to drink." Therefore if you are not perfectly clear in your logical syllogisms, you might conclude that he has inflicted the illness upon himself. Nothing could be further from the truth. We don't know the causes of alcoholism, and it is *not* drinking alcohol that causes alcoholism. I drink alcoholic beverages. The bulk of you drink alcoholic beverages, and the bulk of you are not alcoholics. Alcohol is necessary, but it is not sufficient. Similarly the TB bacillus is not the cause of tuberculosis. The TB bacillus is necessary, but there are many other factors that are absolutely essential before a person can acquire tuberculosis. There are constitutional factors that we know almost nothing about, predisposing factors, that may also involve cell chemistry, environmental factors, such as diet, sunshine, and so on, and even psychological factors. A similar congeries of factors may even be involved in the etiology of cancer, another disease about which we know very little in term of causes. One must therefore say that the disease of alcoholism is *not* self-inflicted. The alcoholic has been doing just what you and I are doing. We are drinking our social beverages, just as the diabetic, before he is a diabetic, has been eating his "social" diet of proteins, fats, and carbohydrates. But something happens to that individual and he is at first not aware of what happens. All he knows is that he is urinating more frequently, that he is thirstier than usual, that his appetite has increased and drowsiness troubles him, and he goes to his doctor for a check-up.

The doctor does various tests, and says "Max you are suffering from diabetes."

I didn't inflict that diabetes upon myself. I am not responsible for my illness, but once it is diagnosed and he puts me on a regimen of no sugars, I must be held responsible for going off that diet, even though sugar is not the cause of diabetes. A clear distinction, then, must be made between drinking, drunkness, and alcoholism, just as distinction must be made between eating sugar and the disease of diabetes. I am responsible for going off my diet and inducing the symptoms, but I cannot, and should not, be held responsible for contracting the disease of diabetes. This concept is easy to accept with diabetes but less so with alcoholism for most people in our society even among professionals. I have seen diabetics come back to the emergency room on many occasions in a second diabetic coma because something went wrong with their diet, or they had an infection and didn't realize it. They were in another diabetic coma. I have yet to hear a doctor respond to that person with, "You dirty diabetic." But when alcoholism is involved, I have heard this often on the part of the nurses, doctors, social workers, family members, etc. Even alcoholics, themselves, feel guilty about their disease. They feel that they are weak or immoral, often because they succumbed to the disease of alcoholism. In the treatment of the alcoholic, it is often of enormous therapeutic value to establish in the patient the conviction that he is suffering from an illness for which he is not responsible, that there is no need to feel the kind of guilt he suffers from. But you must inculcate in that alcoholic a responsibility for doing something about his disease, and a real feeling of legitimate guilt for going off his "diet."

Now, even if we don't know the causes, at least the theories are rampant! Perhaps I can outline some of them for you. There are three general theoretical areas in the etiology of alcoholism. One is the physiological. Considerable research is being done in the field of biochemistry, for example, Roger Williams, a biochemist at the University of Texas, has a whole group of researchers working with him in the very interesting area of enzyme chemistry, the metabolism of alcoholism and the role of vitamins in the hope that an understanding of the nature of the biochemical processes taking place will provide the key. Unfortunately, no definitive results can yet be chalked up in this area which revolutionize the treatment of alcoholics. Even the discovery of an abnormal enzyme in alcoholics came to naught. We cannot be sure if such abnormalities are related to a cause of alcoholism or the result of a damaged liver. Continuing research in this area may well provide a breakthrough, however.

Another area of research is the psychological, and here too, theories are rampant. Many of the schools of psychiatry have contributed their input to the psychological causes of alcoholism, but it depends on which psychoanalytical couch you are lying on, which theory the research supports. Sometimes you support contradictory theories when you change psychiatrists. When one goes from a Freudian psychiatrist to an Adlerian psychiatrist, the "cause" of alcoholism moves away from fixation in the oral stage of development. The latter refers to a frequently analyzed condition. If, when needing mother's love and affection, her warmth and emotional support the child doesn't get it but instead, gets its main gratification from a milk bottle, feeling the pleasure of the warm liquid pouring down its gullet, later in life, when stressed again the adult may resort to this again. It is improper however, to resolve this conflict as an adult by taking your milk bottle out, putting a nipple on it and going, glug, glug, glug, but it *is* acceptable in our society to go across to the bar, drown your sorrows in drink and feel this burning liquid flowing down your gullet. You get a glow on.

This is one theory, and it makes much sense in many ways, but on the other hand, if you are an Adlerian psychiatrist, you will put the "cause" of alcoholism in the power struggle, the inferiority-superiority balance. If you are only five feet tall and not the big football-player type and you felt anxious about this, you walk into a bar you can scarcely see over and ask the bartender for a couple of slugs. After that, you feel six feet tall and can lick everybody in that bar, and you frequently try. Perhaps this is the etiological factor.

Nobody, however, has yet come up with a specific set of personality traits that characterizes, or that can be used as the predictor of alcoholism. It is true that alcoholics on psychological tests such as MMPI's and many others do show clusters of traits. They are loners; they are hostile for all their superficial charm and attractiveness; their frustration tolerance is very low; they can't handle anxiety, frustration, or tension, easily; they are impulsive; they are perfectionists; their sexual image of themselves is distorted. I could go on with a host of other psychological traits, but nobody has shown that children with these traits will tend to become alcoholics. Some with these traits may become alcoholics, some schizophrenic, some obese because they are unable to control their food intake, and some nail biters. There is no acceptable list of personality traits that characterizes alcoholism and has predictive significance. Anyway, I should add that such traits may well be the result of alcoholism and not the cause of them. When a person who has developed the disease of alcoholism is rejected, year after year, by wife, employer, society in general, he can well develop traits of loneliness, withdrawal and hostility. We don't have the kind of longitudinal studies that can definitively answer these questions.

The last area of research is the sociocultural. If you examine the incidence and prevalence of alcoholism, you will find marked differences among ethnic groups, religions, national groups, and so forth. Why? There is no clear evidence for the answer since even the data is contradictory but there *are* theories.

Of alcoholism among the great religions in our country, protestants, oddly enough have the highest rate; Catholics are a very close second. Then there is a big gap and the Jews have the lowest rate. There is very little evidence, if any, that there are biological differences in the protoplasm, and none in the area of personality. They all fall in the same normal curve of distribution, but there do seem to be sociocultural attitudes that distinguish Jewish families from other religious families.

The average age in the United States when kids begin to experiment with alcoholic drink and first find it intoxicating is about the age of 12 or 14. I was brought up in a very orthodox Jewish home, and I can clearly remember how old *I* was when I got drunk. I was 5. I drank my father's wine when he poured it for me at a Passover meal, with 15 or 20 relatives sitting around. I loved the taste of that wine, and I still drink wine. In Jewish families there is a real sanction, not against drinking, (my father and mother never objected to my drinking alcoholic beverages) but against drunkness!

I grew up in a Jewish area in Brooklyn, N.Y. Contiguous was an Irish area, exactly where "A True Grew in Brooklyn" if you know the novel. I had to walk to elementary school through this area and I can remember my mother telling me to run through those streets.

"The Irish" she said "all get drunk and beat their children up. They may be so drunk that they may mistake you for one of their children, so run."

There is a Jewish expression, "Shikker vie a goy" which means "drunk like a Gentile!" You know that no self respecting Jew wants to be considered in *that* camp! This is how prejudices develop, perhaps, but this is also, perhaps, how sanctions against alcoholism might develop. We just don't know. Among the Chinese, the rate of alcoholism is also very low and similar factors may be operating, but we just don't know.

My own personal feeling, and the feeling of many of the people working on alcoholism is that the disease is the final common pathway, you might say, of many influences. It is a syndrome in which all these factors are probably inter-related in various ways so that one cannot speak of alcoholism but of the alcoholisms. Some alcoholics may have causative factors more heavily weighted in one area than in another. Medicine is today sophisticated enough to realize that no disease, not eeven the infectious diseases, is caused by a single factor, in spite of the germ theory.

Now, what about the treatment of alcoholics more specifically. Before discussing this one can well ask, "What is the greatest stumbling block to effective treatment of alcoholics?" I submit that it is not a lack of knowledge. We know enough today about the treatment of alcoholism to be able to help more of these 9 million alcoholics than we do, just as we know enough about the treatment of cancer to help many of its victims—we don't know everything about cancer, of course, or even very much, but we know enough to save the lives of many more of the people who are going to become cancerous than we do.

The greatest stumbling block, then, is the attitude toward alcoholism and toward the alcoholic, the stigma attached to alcoholism, attitudes that the victims themselves have, as well as each one of the helping persons, each one of us, since we are all products of our society.

Every kid today, watches television and sees the handsome, six-foot marshall walk up to Miss Kitty's Bar, and plunk a silver dollar down. They pour a tumbler full of leopard sweat, he downs it, and walks away from the bar. He's a man, he holds his liquor, and that is the image that the kid acquires about drinking alcoholic beverages. If in the course of his drinking career he develops alcoholism and cannot handle liquor, he considers that he's not a man.

We have a slogan on television, "Every man should have a beer he can call his own." Well, I tell you I don't drink that beer, just because of that slogan. I have a patient who was brought up in a German family, a beer-drinking family. He never had any hard liquor but he succumbed to alcoholism. That slogan sits very poorly with him. He isn't a man since he can't have a beer to call his own.

The net result in alcoholics of these attitudes is denial that they are suffering from this illness. That is almost the hallmark of alcoholism.

I started studying medicine when I was 40. I did an internship at the University Hospital in Baltimore, where a fair number of homeless alcoholics would stagger into the Emergency Room asking for help, intoxicated, time after time. I was concerned because I couldn't convince any of them that they had to do something about the drinking problem. Every one of them said "I'm not an alcoholic." They denied they were alcoholics, and so in desperation I went to an AA meeting one night since I had heard that AA was pretty successful in keeping men sober. I was in my whites and drove over to the church where I was told the meeting was held. Do you know where it was held? In the basement! That's where they put the alcoholics! (We now have AA meetings at Johns Hopkins, but do you know where we hold *our* meetings? In the Doctors dining room! Wall-to-wall carpeting, elegant leather chairs, that's where our alcoholics meet. It's an entirely different image for an alcoholic!) Well, I got to the AA meeting in the church a little early and looked around. One man separated himself from the group in the corner, approached me and said, "Are you looking for AA?" "That's right" I said. "Are you an alcoholic?" he asked. I said "No I am not." Whereupon he looked at me kind of funny and I realized that was what *all* my alcoholic patients had been saying. You can't tell where the stigma ends and reality begins!

When I first started treating alcoholics, I was an eager-beaver. I was already a psychiatrist and could see patients privately. I had been to one or two AA meetings, I had read about alcoholics, and I sat down with my first alcoholic patient to tell him the score. He said "you know doctor, this is the first time that anyone has told me that it is a disease, and that I am not responsible for my disease. I feel wonderful about this. You are marvelous." I was full of pride, especially, when he said "Doctor this is it, I am never going to touch another drop again." The next week he came back drunk, and the week after that. From the feeling of how easy it is to treat alcoholism, I swung to the opposite extreme and thought "This is utterly impossible. I am a failure." Do you know what I told that patient? I am a bit ashamed of it now, but I said, "Look you are not motivated. When you want to quit drinking come back and maybe then I can help you." How absurd! That guy was motivated from the beginning. He was hurting. He was crying for help. He was indeed motivated but he didn't know what to substitute for his alcohol, and certainly I wasn't then an effective substitute. I was digging into his Oedipal Complex, and who stole his little red wagon when he was seven. I was a psychiatrist trained to go into the root causes of an emotional disorder, to try to work through resistances. Lo and behold I found that this approach, this traditional psychiatric approach was utterly ineffective. As a matter of fact I found out in a course of some hard learning that I was not only ineffective but destructive to boot. I was *encouraging* my patients to drink! Understandably enough, by focusing on the "underlying problems" I was encouraging him to bring his problems to me. But who has more problems than a drinking alcoholic? As we resolved some of them, in order to get a fresh supply he'd almost have to continue to drink. This may be simplistic but it is a real factor. Every week he'd bring more problems with his wife, his employer, his kids, his community, himself, until I started focusing on the drinking itself and helping him quit drinking. I put him on Antabuse. I sent him to AA. I started working with other care-givers in the community to get him involved in a network of care so that he couldn't fall between the cracks of manipulating one agency against the other. He had been motivated from the beginning not to be an alcoholic, but in my frustration I found it was I who no longer wanted to help him after the first few sessions. It was I who needed help to look into *my* motivation. Fortunately my patients taught me how not to fall into that trap.

There is at the present time, unfortunately, no specific treatment for alcoholism because we don't know the causes. There is no injection that can cure an alcoholic the way a penicillin shot can cure pneumonia. But we do know that relationships can be established of trust, love, and understanding, so that the individual can look into himself, can increase his self awareness, can become a responsible individual in his behavior. Alcoholism is a behavioral addictive disorder resulting in a loss of control over alcohol consumption. Once you really grasp this concept that you *can* help the alcoholic, that he is a worthwhile person who *can* be helped and *can* recover, the patient sheds his hopelessness with his destructive guilt feelings and a therapeutic relationship is born.

The keystone in the arch of treatment is the medical care of the acutely intoxicated patient in the emergency room of the general hospital and, if necessary, in the inpatient service. What we have done in Maryland, in large part, is to overcome the resistance of doctors to becoming involved with alcoholics. They had been saying, "Weisman, we cannot admit alcoholics to the hospital because we are then saddled with them. But if you'd take them off our hands, we'd be willing to detoxify them, to see them for 12 or 24 hours, or even 48 hours in the emergency room, provided they just don't come back, over and over again, ad nauseam."

To relieve the hospital of those homeless alcoholics who are still too sick to be turned out into the streets we set up a Quarterway House where such patients may stay up to 14 days. Here they receive whatever medical care the hospital physician has prescribed, a liaison nurse visits daily to check vital signs and supervise the medication, if prescribed, while alcoholism counselors are available to provide counseling for the follow-up care so necessary for the chronic illness. In the event of physical complications occurring or serious withdrawal symptoms the patient is immediately readmitted to the hospital for treatment. The cost of care in such a privately run Quarterway House, incidentally, is but a fraction of hospital costs and our success in reducing admissions to State mental hospitals with such Quarterway Houses has been most dramatic.

After the general hospital, or the Quarterway House, alcoholism outpatient clinics are available for both patients and families of patients. They may be operated by general hospitals, mental health centers, public health departments, or private social agencies. In time every comprehensive health program should have a network of such clinics in all communities. Individual and group therapy may be utilized as well as chemotherapy.

Halfway Houses for men and women are also needed to stabilize sobriety for many alcoholics. They often need a "dry island" for protection and encouragement from which they can re-enter the world of work and start paying for their board, spending evenings at AA meetings or in counseling and educational groups.

We have also developed a shelter for homeless alcoholics as part of this residential network because our Maryland law says the State is responsible for providing supportive service for those alcoholics "unlikely to recover." These are the indigent, homeless men who constitute perhaps 5% of the estimated 200,000 alcoholics in our State. Most have rotated through our mental hospitals, detoxification and clinic programs for years without benefit. Now, however, in the first such shelter established in Baltimore, the East End Hotel, there is evidence that when the social, nutritional and medical needs of even these alcoholics are met without stigma and an appropriate residential program is developed an as yet unknown percentage can be motivated to sobriety and productive citizenship.

Alcoholics Anonymous still remains the most important treatment resource for the alcoholic as Al-Anon is for the family member. Although in the past there had been an unfortunate cleavage between these lay, non-professional groups and the so-called trained professionals who had actually not had any preparation for treating alcoholics, there is now an accelerating dramatic change in which cooperation and mutual learning are taking place.

I can't refrain from calling your attention to the remarkably successful "treatment" programs for employees in industry. Where a company has adopted a policy of recognizing alcoholism as a disease and has encouraged alcoholic employees to seek treatment, recorded rates of recovery are astonishingly high. Supervisors are trained to recognize the earliest signs of poor job performance, to confront the employee who may be alcoholic with such evidence related to his drinking and to apply increasing increments of disciplinary action, if necessary, to insure motivation for a treatment program. In principle this procedure incorporates some of the same orientation contained in the alcohol countermeasures program. Early case finding, confrontation and constructive coercion, especially when rooted in understanding and acceptance can provide the breakthrough I referred to in my earlier remarks. I look forward to our ASAP programs to confirm the truth of this statement and so I wish you all resounding success.

Introduction to Seminar on Rehabilitation

Herschel V. Hawley

The American public sees the skid row population when you mention the word alcoholic. Hopefully, we are going to overcome this stereotype with the NIMH participation in the national education program. In our ASAP program, if we refer to the term "chronic alcoholic" I think that our present public information program would have trouble getting this definition across to the public. I think you need to be aware of that in your public education efforts. In this program we have heard many different definitions of an alcoholic. We can say what an alcoholic is not; if alcoholism is a disease and if it is subject to medical diagnosis, you will never be considered an alcoholic unless you drink more than your personal physician.

In the project director's manual, there are references to the countermeasure activity areas into which we are trying to group individual countermeasures. Prior to the publication of this manual, we had two areas called Medical and Social and Service. We are now grouping the Medical and Social Service areas together into what we are referring to as Rehabilitation. This would include any action taken subsequent to the identification and referral of an individual. Whether it would be for evaluation purposes, jail sentences, or whether it might be punitive action, it is an action taken subsequent to identification and referral, and we would group this under the "Rehabilitation Countermeasure Activity Area." This is the countermeasure activity area that our panel will discuss at this time.

Our panel includes Mr. Jack Pendleton, who is Area Program Manager for OAC Regions I, II and III. Mr. Pendleton has extensive service in the Public Health Service and other agencies of HEW. Until 8 months ago he was an employee of HEW rather than DOT so we consider him our resident expert on HEW matters. Jack will discuss some of the ASAP Rehabilitation programs which we will fund and incorporate within your ASAP projects. I would like to point out that we have some overlap between the proper usage of DOT monies and HEW monies. Unfortunately this is a bureaucratic overlap and part of the real world we live in. We have to operate our program under the direction of the Congress, the intent that Congress has for the use of these funds, and may I add, so does HEW.

We have to draw some arbitrary line between the use of these funds, and accountability for them. Jack will discuss those areas in the broad sense of rehabilitation where we can invest our monies.

Dr. Mike Roath, with the National Institute of Mental Health alcoholism program, is working very closely with us in DOT. He understands our program and the NIMH program. He was on the evaluation panel to select the 20 sites represented here today. He will discuss the NIMH program and the interface between our programs.

After hearing these two gentlemen, we should be able to better understand the somewhat broad line in funding the rehabilitation-type programs.

The third man of our panel is Dr. Bill Potter from Indiana University. He will point out some of the problems and processes in the court referral of problem drinkers to various modes of treatment.

One thing we have noticed in all 20 of the proposals is the considerable emphasis on court referrals through the identification process, through increased enforcement, convictions for DWI and referral to various types of treatment programs through probationary and suspended sentence techniques. Also these proposals show us lesser emphasis on identifying a problem drinker through records, public records that are available, and some systematic way of getting to those problem drinkers prior to the arrest procedure. In the 20 proposals there is even less emphasis on the licensing function. Most States today have periodic re-examination. Drivers come in on a regular basis for license renewal. We would like for you during this six-month detail planning period to discuss with your State licensing agency how the licensing process can be modified or improved within your ASAP project area to identify problem drinkers who are to be relicensed. Many States at present have statutory prohibitions against licensing chronic alcoholics or habitual drunks, but few States, if any, have any systematic way of screening these individuals, either when they are applying for a drivers license or renewal.

One problem that you are going to be confronted with in this licensing process is the possible reluctance of many State agencies to experiment in your ASAP area with a procedure that is different from that being applied State-wide. We think this source of referral and this source of identification of problem drinker drivers is, for the most part, going untapped. I would like you to focus some attention on what you can do in your particular site to identify and refer problem drinking drivers through the licensing process. That can be attended to during the six-month detail planning period. We expect to see some modification in the work that you are going to do as a result of this six-month period, and we would be very happy to see a great deal more attention given to this system for identifying problem drinker drivers.

Our panel will now direct their attention to the rehabilitation of the problem drinker driver, after we have found him, by whatever techniques used.

Panel on Rehabilitation

John L. Pendleton

Mr. Pendleton is Program Manager for Regions I, II, and III for the Department of Transportation, Alcohol Safety Action Project. He was formerly Public Health Advisor for the U.S. Public Health Service and served in local, State, and Regional Offices. He attended the University of Virginia, the University of Hawaii and received his B.S. and his M.A. degrees from The American University.

It is beginning to become clear to me that the newest thing in countermeasures, as far as ASAP is concerned, is this business of treatment or rehabilitation or whatever the proper terms are, and coordinating and tying this type of service to the traffic court with the idea that we are dealing with a disease and no longer a misdemeanor or a criminal act.

Mr. Howell has mentioned a number of times that we have to bring ourselves into focus every once in a while, and remember that it's a highway safety program we are involved in, basically. I think that the new ingredient here must be this area of treatment, this new recognition, this new philosophy that we are dealing with illness and not misdemeanors. So more and more it becomes important that we do consider this, and support it. I think we are on the horns of a dilemma in this respect. We have something new and we have to really work out the medical and rehabilitation treatment of the alcoholic between our two agencies—DOT and HEW, and other agencies, and other sources of support. We really have to work hard at it. To repeat something that is generally known by all of us, the restriction placed on DOT funds limits what we can spend in the way of those funds for treatment and rehabilitation.

This looks to me like one of the most exciting and newest countermeasures that ASAP is seeking to employ. It's very important, yet we must live within these restrictions on the expenditure of DOT funds. We are fortunate that we have this interagency arrangement with the National Institute of Mental Health. Remember that DOT funds, in a general overall way, can be used to make the determination, or the pre-determination, that an individual who has been apprehended for his driving violation is a probable problem drinker. This may take psychiatric and psychological, and medical, and other types of interviews and determinations. The ASAP's have a variety of ways of doing this. They have medical advisory boards, group therapy sessions. Sometimes these medical advisory boards are through the Division of Motor Vehicles, sometimes they are through the prime agency which may be the Division of Alcoholism or the Department of Health.

But, whatever their particular structure happens to be, no matter how it was designed by the people who designed the project, wherever that site is located, we are faced with this limitation.

Under a limited budget, NIMH is quite willing to help us. They advised us that each ASAP location, through the project directors, should make a determination as to where you sit in the local community. Who is the prime contractor? In some cases it is in the Health Department or the Division of Alcoholism or Drug Abuse. This may give you a hint as to which avenue you should pursue in the form of an application or grant, whatever it may be titled, to NIMH for support.

It is incumbent upon the project director, or whoever is preparing the application, to go through the most appropriate agency in the State or community with authority in this area, which might mean that the ASAP project, itself, will not be the recipient of the direct award, but rather the Division of Public Health, or the Division of Alcoholism and Drug Abuse. Then these type of funds would be used by ASAP to bring together the various community agencies responsible in this field to determine what their services might be and to clarify and coordinate their responsibilities. This would then serve as a spring-board of services for one of the more long term community staffing type of grants.

The National Institute of Mental Health Program

Michael Roath

Dr. Michael S. Roath is Assistant Chief, Special Projects Branch, National Institute on Alcohol Abuse and Alcoholism. He received his M.D. from Harvard Medical School and did his Psychiatric residency in Los Angeles County—University of Southern California Medical Center. Prior to his present position, Dr. Roath was in the Planning Branch, National Institute of Mental Health.

Most of you are at different stages of learning about the National Institute on Alcohol Abuse and Alcoholism of the National Institute of Mental Health in the Department of Health, Education, and Welfare, our relationships to the Department of Transportation and our interests in working together on these programs. I want to make some general comments that I hope will be helpful to you at several stages along the way to developing support for rehabilitation services as a part of the ASAP programs. Up to now some of you may have had some confusion about whether the National Institute on Alcohol Abuse and Alcoholism has a pot of gold to resolve your problems in the rehabilitation countermeasure area. Unfortunately, that is not true. I will speak about that first, then reflect on our grants programs and finally answer any questions you may have.

Last year we had 9 million dollars for project grants; for fiscal year 1972, the President's budget request will be for 17 million dollars for project grants for community services. There is no request for funding under the Hughes bill (Public Law 91-616). If the President's budget request is met, we must wait to learn from OMB how much funds we will be given to spend. You must appreciate that the support of the ASAP program is only one of the community service areas that are crucial for us to sponsor. We certainly have been most concerned to be responsive to the original nine sites because they were getting started before we even got into the game, that is, before there was any formal agreement between the Secretaries of DOT and HEW to join forces and resources in support of these programs.

Grant application through our Institute will be competitive in the sense of applications competing with those from other communities which have shown concern and growing interest in developing alcoholism programs. However, we do feel that the ASAP programs are a unique thing in the sense of a case finding effort, to discover individuals early in their illness, when they may be better able to be helped. We are concerned to help, to provide consultation, and to provide some grant support where the needs of the community warrant, and where local and state resources are insufficient. Because our funds are limited in relation to what the Department of Transportation is spending in the identification area to discover, arrest, and convict DWI's, NIAAA will not be able to support all the needs for treatment services of the DWI's located through your activities.

The community agencies in ASAP sites will very much need to join in, and provide services in their field of activity; this will place a tremendous burden on them. The cost of treating an alcoholic individual is much greater than the cost of identifying him through an ASAP activity. It is likely that there will be significant numbers of DWI's who could benefit from treatment and rehabilitation counselling and services and only limited resources to serve their needs. That gives us great concern.

At a time like this, then, it is very important to see the need for planning, so that we can stretch the limited resources that are available in the community, State, and Federal government to most efficiently provide services to the problem drinking DWI. If we fail, they will not be rehabilitated. In a planning sense, then, what steps can be helpful? I think that first, you, as ASAP directors, need to be informing your community service agencies and your community and State planning bodies about the activities that you are developing. In some cases the ASAP program is actually located within a health agency. Two-thirds of the programs are not so located, however, and it may well be the case then that treatment and service providing agencies are not entirely aware of what you are anticipating doing.

People will help support what they help create, and I think that goes for these planning bodies and treatment and service agencies. Local planning bodies would include the local public health department, the comprehensive health planning agency within the community, the State alcoholism authority, the State mental health authority, other agencies and groups such as the local council on Alcoholism, Comprehensive Community Health Center, Alcoholics Anonymous, Family Service Agencies, general hospitals, and numerous others. They need to be involved in planning for the development of the rehabilitation countermeasure. They can be very helpful to you in the sense of reflecting on what will be the likely amount of service (that is, the amount of capability on the part of community agencies) that will be needed to respond to the needs of DWI's whom you will refer to them. They also need time to plan how they will work together and coordinate their efforts, to provide a range of services to support your program and meet the varying needs of alcoholic individuals. They need time to plan.

Also, reflect on the long term future. These are demonstration projects and yet we want them to have a future, both in the community where they are starting out and also as they may be duplicated in other communities in your States and other States. We are concerned that alcoholism services, as they begin to grow in the communities, will have a future after these demonstration programs end. The services that are developed now should be continued later. The planning bodies and community agencies that will be providing for rehabilitation services to your referrals have a real stake in the planning for the future of alcoholism services. I guess I am listing a number of ways in which it is important to include them early and at a top level of discussion in planning your activities.

They will also be quite concerned to learn what activities you are buying through your DOT contracts in the area of detoxification, presentence diagnostic evaluation, antabuse treatment, driver assistance, coordination of referrals from court and probation departments to treatment agencies, and record keeping. All of these are activities in the grey area between the health care system in the community and the enforcement system in the community. They are the kinds of activities that need to be closely coordinated with the agencies which will provide treatment for the DWI. Then you can achieve a close interfacing between the two systems and a really systematic program, what an ASAP is supposed to be.

Talking now about grant programs, some of you are more familiar than others with our grants programs. I want to reflect that the planning process really needs to go on first. You need to get in touch with your local community agencies first and to be considering your ideas about what might work best for you. When you have those thoughts collected, approach your State alcoholism authority, and State mental health authority. Discuss your plans in regard to whether they meet what planning efforts are going on in the State authorities' offices, where they focus on all of the State's needs, including your community's needs. Working together with them, assess the most appropriate activities for which you want to seek funds from NIMH or other resources. State authorities know about other agencies from which funds may be available to you for parts of activities that you want to carry out. You don't have to be limited to support from NIMH. When you have worked with your State alcoholism and mental health authorities, and know the specific activities that you want to carry out, then would be the time to seek out our regional offices of HEW. Consult with them regarding your plans and which grant mechanism of NIAAA is most appropriate to your needs. They know very much about our grants programs, are available and understand your community and its specific problems and needs.

When your community seeks to make an application for a grant from NIMH, it would be most helpful for you at the stage of drafting an application, to consult with your State alcoholism and mental health authorities, and our regional office and not just send in a formal application. If you don't seek consultation then its likely to cause you delay because you won't find out about deficiencies in your application until after it has been formally reviewed and returned for further development, to be resubmitted later.

We have a number of grants programs in the area of community services for rehabilitation and treatment of alcoholic individuals. We have training grants. We have comprehensive staffing grants. We have initiation and development grants for the purpose of planning.

A fourth category of grants is the demonstration grant. We have also a special demonstration grant which may be most responsive to the needs of ASAP sites. We discovered that a number of ASAP communities were really unprepared to develop applications for the comprehensive staffing grant. They were either not sufficiently far along in their planning or could not meet matching requirements, or there were other problems. The special demonstration grant mechanism is flexible. It provides up to 100% Federal financing and is a one year grant renewable for up to three years. That is a competitive renewal. We will limit the amount of funds to be committed to such a grant to between $75,000 and $130,000 a year. The reason for that is that we could not fund many of the ASAP programs if we did not impose a ceiling. If the ASAP site communities submit grant programs, all of them for $130,000, we couldn't support them all either. In the demonstration grant, we suggest to the community that they consider how they could best use a limited amount of money. It may be best to use the money (1) to assist the coordination of referrals of individuals to the service agencies, (2) to provide for continuity of care so that there is someone and some agency that has a continuing case responsibility for the DWI within the health care system, and (3) to coordinate the efforts of the various service agencies. We will need to rely on the care giving agencies within each community to provide the bulk of direct treatment services for the DWI.

Questions and Answers Regarding NIMH Support

Q. How many applications are currently on file or have been received for direct award.

A. At this time the only ones that I know about are the ones I personally have received information copies of, and that is four, but I understand there are between five or eight at this time in the process of being sent in to us. I might point out I am not a reviewer of the grant applications. I am on the staff of the Alcoholism Institute and can reflect to you staff policies, and my understanding of the review committee, but I can't reflect exactly how they will respond to a given application. We certainly do want to provide consultation assistance in regard to grant applications. We do feel that is helpful in developing an approvable grant application. Don't stampede to get an application in by deadline, that is, submitting an application without consultation in regards to your plan for it and consultation in regards to discussing a draft of it. In the long run it will probably delay approval of your application. The dates for filing are October 1, February 1, and June 1. It is possible that there may be changes in these dates. We know what your start up dates are, but until our new National Alcoholism Council sets policy in regards to filing dates for applications, these dates are correct. If an application were submitted by October 1, and were reviewed by Council in March of 1972, and approved (that is, the Council recommended approval to the Secretary, the secretary approved) and funds were made available to be committed to it, then the earliest funding date would be June 1, 1972. Again these dates are ones that we are going by at this point. They may be changed.

Q. Can changes in applications be submitted after the application for a grant has been submitted to NIMH?

A. Yes, addenda may be submitted. It is a bit harder for a reviewer to understand addenda, and to see how they fit in with what he understood about an application before he got the addenda. We want to reduce that kind of confusion by prior consultation. We certainly want the comments of DOT Contract Managers and the Regional Offices, if they would like, on grant applications.

Panel on Rehabilitation

William Z. Potter

Dr. William Z. Potter is now with the National Institute of Health, Bethesda, Maryland. At the time of this presentation he was a Research Associate in Pharmacology for the Institute for Research in Public Safety, Indiana University, and a doctor at the Student Health Center, Indiana University. Dr. Potter holds an M.D. degree, and a M.S. degree in Pharmacology from Indiana University.

We represent the third element of the University effort to provide you with different types of manuals and guidelines. Our original intention as specified by a contract with the Department of Transportation was to look at the state-of-the-art of court referral processes for handling the arrested and convicted DWI and to look at the status of treatment facilities to which such a person is referred. Dr. Weisman's remarks amount to the best possible summary of the potentialities of a coordinated, well planned, structured approach to the referral and treatment of the problem drinker driver or the alcoholic. Indeed, we may be on the "threshold" and everyone hopes that the programs that all of you here are responsible for will carry us across that "threshold." However, in what I suppose is the most common of academic traditions, with my own view being a rather naive one, I have taken a more analytical look at the system as it exists today.

We have visited a number of treatment sites across the country which were selected on the basis of their reputation or on the basis of their identification as potential or existing ASAP programs, or on the basis of a very extensive mail survey which we carried out from our institute. This survey covered the whole United States and for the first time gave us some indication of the number of courts engaged in referral procedures, as well as the number of treatment agencies accepting such referrals. This combination of mail survey results, and of site visits and of a very in depth interview of the literature in both the legal and medical fields is essentially what I am going to report on today to describe the state-of-the-art and to come up with a few general recommendations. This is obviously not something that can be completely done within our time constraints, so I will briefly give you some indication of the sorts of things, which we feel can be most helpful to you, and which might give you some chance to realize some of the potential that Dr. Weisman outlined.

The general situation is as follows and in this I am not being bleak, I am being descriptive. At the very head of the system is the introduction of a significant number of people into the court system by DWI arrests. As has already been pointed out by the speakers on the enforcement and judicial functions, this number is significantly reduced by the time the person is either arraigned in court or appears for trial. We lose a large number of probable alcoholics or problem drinkers simply due to the informal procedures that exist between arrest and charge or conviction. Post conviction, a full 63% of the courts surveyed claimed that they tried to identify problem drinking drivers, and of those who did, 24% of all the courts stated they referred these people to treatment. However, when one looks at the system of these hundreds and thousands of people theoretically going into this DWI referral system (or potential system as it exists today), one is able to count on the fingers of his hand the number of persons who have ever been referred at any one site to treatment directly as a consequence of conviction for DWI.

Characteristic of almost all of the sites is the fact that if there have been successes in treatment these are identified mainly by anecdote. The probation officer who was responsible for the referral or the judge who took an intensely active interest—and these are incredibly, noble, dedicated people, whose spirit is very impressive—but both the happy and sad fact is that they could name by person, and personal history, almost every case in which any real good had been done. This is the situation that you face across the country and I will discuss the details of why this is so a little later. I just want to paint the general situation for you. You are really moving into an essentially new field where you are going to be in positions to coordinate the activities of numbers of experts who, hopefully, with such coordination will step over the threshold into a systematic approach which will be of help to these people.

As I sat in on a workshop the other day, the point was raised that the primary function of the ASAP program was to reduce alcohol related crashes on the highway. The comment was made, not facetiously, that if the highway were filled with drunks, problem drinkers, and chronic alcoholics, who did no harm, we would have no business worrying about them. I trust that Dr. Weisman's comments today, and I trust from the reception you gave them, that you at least felt some responsibility to face the problem of the problem drinker and that you will recognize this as your responsibility. The people who are in a position to do something about the problem drinker through the system are you, the project directors. It is not the director of the local alcoholic clinic, nor the judge at the head of the court, it is the person who is coordinating all of these various functions and activities who can be most effective. And if you as ASAP Project Directors do not effectively serve a coordinating function, proposed programs will not be successful.

We have looked at various treatments across the country. We have seen what the results of inadequate coordination are. We know that not one single one of these treatment facilities, where there is inadequate coordination, can show in any way that they have been successful. Therefore, I hope you really can draw the implication from Dr. Weisman's talk, take on a little of the missionary spirit and assume the role of someone who is really getting involved in the treatment of the problem drinker, if only in a supervisory role.

We have found at the various sites three essential elements, the three major people involved in the system before it comes to the treatment phase. These are the judge, (for most systems) the probation officer, and finally the DWI himself. I think the chief word on all of these levels is motivation. If the chief judge of a court system, or a majority of the judges in the system, are not motivated to participate in something which they understand is related to the treatment of the problem drinker, you will not get results. We have talked to judges who will casually say that they routinely bargain 90% of their cases. And yet, these same judges will say, "Every now and then I pick on someone on the court whom I recognize as a problem drinker, and go down to a special session one night a week maybe, and sit in an AA type group therapy with that one person, well not that one person, but several people of that quality." Maybe a year or two later the judge will be able to tell you, "Joe so and so did well from my program and Fred so and so didn't, and I sort of noticed as I went along that the people who came back through three and four times tend to do better in therapy." Now, the judge who can say this is doing something for a few individuals and he is getting gratification from it, and doing good on a limited scale. But, can we generalize this sort of thing where at best two or three out of a twelve judge system are directly involved? Is this the sort of basis for establishing a treatment that is going to have any statistical significance? We doubt it.

You may find probation officers with the same level of involvement. Frequently the probation officer himself will be the motivating driving force who will be bugging the judge, saying, "Judge, refer more cases to me." Then the probation officer, perhaps in an Antabuse® program or something of this nature, will directly supervise the person who is taking the Antabuse, and then be in the rather uncomfortable position at the end of all this involvement, of having no way of following up because he does not really have the support of the judge, and no real coordination with the treatment facilities. Although he believes what he has been doing has been effective, he is never able to prove it to the judge, nor to the people who work with him, and he is not able to expand the program because of his lack of information. These are the sorts of things that we find at sites even where there are attempts to coordinate.

At one ASAP site we found a program, which was very reasonable on the surface, but we wondered about its coordinating efficacy because of what we learned when we walked over to the probation office a few buildings away and chatted to the Chief Probation Officer. It was quite an impressive affair, a probation department budgeted at 4.5 million dollars, with a staff of at least 200 probation officers, just a very, very impressive facility. He said, "what ASAP program?" One wonders if people who have been involved, if they really have recognized the full implications of coordination when one can find this sort of a situation. What I am trying to suggest is that a lot of these problems can be overcome by proper coordination of efforts. I can repeat the story over and over again about the failure of various sites across the country, who superficially seemed to be having good results, to coordinate the various treatment facilities.

Now, how is this to be done? What recommendations can we come up with? Well, we have stated records. You cannot depend on your treatment facility to draw up adequate forms, adequate records, which they will turn over to your probation department or to your courts, and which can be put into the court files. You, as ASAP directors, are going to have to see that somebody in your system designs, executes, and plans a form which can be given to the county clinic, to the local state hospital, to a doctor involved in Antabuse therapy, to the AA groups, whoever is involved in the therapy, and you have got to involve as many people as possible. You have to have a method and system of feedback from each one of these.

You can do this, but you must provide technical assistance since most treatment facilities and most doctors are not very well attuned to producing structured reports of the type that you need for your ASAP program or that you need for evaluation. When you go over and talk to them, they may be madly enthusiastic. They will promise all the help in the world, but they aren't going to design forms for you and they aren't going to immediately use those that you provide. You have got to see that they have forms; you have got to see that you collect these from them; you have got to see that they get back into your court system and they are on file so that you can show to your own court system, probation officers, and judges that you are doing something, that you are really treating people. It is not enough to send a person over to a lecture series and say, "Yes, he attended for four weeks," and then forget about him. This is not treatment and is certainly not adequate treatment of the problem drinker. A lecture series may be helpful for a few people by helping them to identify their problems, but the people who give the lectures don't pretend that this is a substitute for treatment. There is none the less a tendency to go no further, at least in some of the programs which we have seen.

I talked about motivation of the judge, and motivation of the probation officer. Now comes the proven factor of the motivation of the problem drinker driver. Every judge, every probation officer, every therapeutic person whom I have talked to, who is involved directly in these court referral programs, emphasizes the importance of motivation. You don't tell the person he is not motivated because a person with a drinking problem is motivated, once he can be brought to recognize his condition. So what you can do is to increase his chance of recognizing that he has a problem. You give him the opportunity to be motivated. The way you do that is you make it painful enough for him not to undergo certain lecture series, certain therapeutic sessions, and so forth, where in a supportive and understanding atmosphere, this realization is brought on him. Many of those who came through the court may be in earlier phases of alcoholism and we hope that they can respond much better to treatment than people have in the past. This is a real hope. So this is where in designing and structuring your programs you can make sure that there is a real penalty, something more than the threat of license suspension. Giving a treatment program as an alternative to suspension of license has not been found adequate in most cases. Courts will cite you the number of DWI arrests, and the next figure they will give you a figure just as high as the number of DWI arrests will be the number of arrests for people driving with suspended or revoked license. There is no evidence whatsoever that the real problem drinker is going to be deterred from driving on the highway, by revoking or suspending his license. If you depend on that, I suspect you will have a hard time showing that your program works. Some of you are limited by statutory limitations of six months probation, but if you can get a 12 or 18 month to two year probation period you are going to be far better off. If you have a jail sentence imposition which the judge is willing to impose, bring the person in and, if he doesn't seem to be involved with the treatment program, take action. This involves, of course, accurate record keeping and immediate feedback. If every encounter that the person experiences with one or another treatment modality is reported to some central source (perhaps the probation department,) and when the person fails the terms of his probation, if this is immediately reported to the judge within a week or a few days, and immediate action is taken, the therapeutic benefits can be considerable. At least, this is the finding from the limited experience of the judges and probation officers who have really been active in this area. But I must repeat that revocation of probation and recycling into treatment is a very rare event because everything is so disorganized and poorly coordinated. These are the things that you are there for, these are the things that you can provide, and without it, treatment facilities are not going to be able to coordinate themselves. The P.D.D.'s are not going to be treated and you are not going to be able to reduce the number of alcohol related crashes on the highway—unless, of course, enforcement alone will do it. In that case, you may feel that you have accomplished your goal, but I don't think you have; I don't think you have accomplished your goal until you face the fact that you have problem drinkers and that you are responsible, once you identify them, for making sure that they are getting some kind of treatment, for putting your full effort into motivating them to participate in treatment. I hate to paint such a bleak picture of the existing situation, but I really think that on all levels, it is true.

I would like to very briefly comment on one or two types of therapy which have been acclaimed. The first Alcoholics Anonymous has, indeed, been used effectively at one or two of the 12 sites we visited. But it has been used very effectively only because a judge or a probation officer was directly involved with personnel in AA and provided a direct means of supervision. If you simply send a person to an AA meeting and expect AA to report back to you, it doesn't get done. You have got to get in there and coordinate it. You have got to have someone there; then you might get results. The results have so far been limited but AA can provide for a certain type of person. There is no doubt about it, and since AA is present in almost every community it should be utilized to its fullest. The other type of acclaimed treatment is Antabuse ®. Antabuse is perhaps, "God sent," but it requires a type of minor deity to use it properly. What I mean by this is that if one were to listen to reports across the country, one would get the impression that thousands of people are using Antabuse very effectively. As a matter of fact, the total amount of Antabuse sold during the last year would not be adequate to maintain a hundred thousand people for that year. The drug firm which markets Antabuse gave us this information. More persons may try it since very few people are actually maintained upon the drug for as long as a year. The real world experience with Antabuse is really quite limited. Medically, Antabuse has few contra-indications. On the other hand we know that the alcoholic, the problem drinker, tends to "test" at times, and he or she will combine Antabuse with alcohol. This may produce certain problems. There are patients who will talk about their alcohol-Antabuse reaction in casual conversational tones. I remember one particularly charming lady who explained to me how she found that the more she drank, the quicker she got over her alcohol-Antabuse reaction. Some people learn to cope with it. The drug is not a cure but it can work beautifully in many instances. I asked another doctor who had given very large amounts of Antabuse, and who claimed a great deal of success with it, "Have you ever had any problem with alcohol-Antabuse reactions?" He said, "Well, no, we have never really done any autopsies but we really don't do very many autopsies around here, and every now and then I'll pick up the paper and I will see that one of my drunks died on the streets and, well, I wonder if he really drank and was taking Antabuse. He was supposed to be on Antabuse, you know. I sometimes wonder what happened to him as he has just mysteriously died." No one really knows, but the problem is that one can't be quite so casual about such a potentially dangerous thing as the alcohol-Antabuse reaction. And just giving out the daily dose of Antabuse, although it works well in certain individuals, is not sufficient. You must supplement this with a full complement of other programs, a type of supportive psychotherapy if that is available to you, AA, if it is available, vocational rehabilitation, and supervision—in other words show real involvement with each person. If you just use Antabuse, ® people will find a way to avoid it, abuse it, or get in trouble with it, none of which any of you want because it is going to reflect badly on you, the courts and the ASAP system as a whole. So I urge a great deal of caution and this reflects, I think, the opinion and feelings of the people making it, and of Dr. Ruth Fox with whom we spoke who I think is the leading expert on the use of Antabuse ®, in this country. We have had a number of conferences with other leading experts and they all echo this conclusion. It looks like a simple tool, but Dr. Weisman's point is very well taken, and I can only re-emphasize it, that you cannot get by without the full involvement and coordination of other approaches; you cannot just depend on Antabuse ® .

I have painted as bright a picture as I can of what you have got to work with, and I think that you can do it if you will face the task and be willing to become involved in coordinating treatment and referral and follow-up. But, if you don't do that, then your treatment results are probably going to look pretty grim when your evaluator is done. That may be all right, too, though, because it might tell us what doesn't work. From the scientist's point of view any information will be useful. But I suspect that you want positive results. I hope that our findings can help you to reach this goal.

Driver Licensing Countermeasures

Richard H. Cook

Mr. Cook is in the Division of Driver Regulation of the NHTSA. In this section he has been responsible for programs related to the Federal standard on driver licensing, which was developed under the authority of the Highway Safety Act of 1966. He is a native of Michigan and attended Michigan State University. He served as the manager of a vehicle registration and titling office, later became Assistant Secretary of State in Michigan charged with the supervision of the department's Administrative Division, and in 1966 was appointed Deputy Secretary of State. In this position he was primarily responsible for the operation of the driver and vehicle services division. Mr. Cook is a former Regional Vice-President of the American Association of Motor Vehicle Administrators.

I would like to discuss briefly why these particular countermeasures were incorporated into the countermeasure program and then hopefully on a State-to-State basis, discuss problems that have developed when you attempted to crank in any of the countermeasures that we have identified. First of all, in reading directly from the book, just a couple of lines: "The effort to keep the problem drinker off the road must begin with the driver licensing activity." That was not a self-serving statement put in by driver licensing interests but, actually, the driver licensing program of all the States most directly related, and has had an historic responsibility related to the driver who has alcohol problems.

The driver licensing program of each of the States has three primary responsibilities. One, the examination of drivers, or re-examination of drivers, to assure as best the State can that they meet some minimum qualifications so that they can operate on the highways. Secondly, a driver improvement program which has had collectively little success, but a driver improvement program which, after the identification of problem drivers, including those with alcohol problems, attempts to find some system to assist the drivers, or at worse attempts to keep him from driving. Lastly, the development of a driver information system which is necessary, not only to the two previous programs in driver licensing, but to many other traffic safety related programs.

The key responsibility I think, for driver licensing, as it relates to the various ASAP programs, is to assist in identifying the population of drivers with serious alcohol problems. The base data, will be found in driver information files. Not all of the drivers with alcohol problems can be located in this manner, but it would be a good beginning base if the files in your particular State are usable for this purpose and are functional for this purpose. I mention that because some of the better information systems available are just being developed. Most States have used manual files for a number of years, and have only in this past decade begun to convert the files so that they can be used in an expeditious manner.

We mention in the Guide for Applicants that a current study, sponsored by the Traffic Safety Administration in California, has indicated that frequently individuals arrested for drinking and driving have been sentenced by the court as first-time offenders, when it was actually their third or fourth offense because the record from the State licensing department failed to reach the court by the time the trial was conducted.

This pretty well sums up one of the major problems of driver licensing information files, at least in the past. They were paper files. We have over a hundred million drivers, and it is a known fact that there are generally about four different types of documents each in drivers files, that is abstracts from convictions of traffic law offenses, the application for the license, and summaries of accident reports.

So we have had a paper file until just recently throughout the country that has had 400,000,000 separate documents and many of them with a great deal of different types of informtion, and for all practical purposes they were unusable, except after identifying an individual and then looking at his specific file. They could not be searched on a mass basis to assist in the development of any type program.

Probably 20% of the funds expended so far by the Federal Government, appropriated by the Congress, and obligated by the Department of Transportation in the area of highway safety, have been expended to improve this driver information system through automation and rapid retrieval of driver information files. So the key place to start, as far as from your interest is concerned with the driver licensing agency, is the use of those files. This is the key element. We will leave that briefly and go through some of the other countermeasures, and try to tell you why we have got them in and then we will get back to the driver information file a little later.

The Guide for Applicants states that the license application, this would be the document filled out by the first-time driver or the driver renewing his license, should contain questions which would permit you to obtain the following information: whether the individual has ever been convicted of a drinking driving offense, whether he has ever previously had action taken against his license for a drinking driving offense, whether he has ever been convicted of any other offense in which intoxication was a major factor, drunk and disorderly and so forth, whether he has ever been admitted to a medical facility or social institution for treatment as an alcoholic. Now, this is obviously difficult to obtain. However, most States have included a short affidavit at the bottom of the application that says that any false information would subject the individual to immediate revocation of his license.

We have found that people are relatively honest, they do tend to give the information, sometimes more information than the State even knows about because of lost files and so forth. This is important, and if you have problems that this is not included on the application, I think that it might well provide you with some information that could be useful in your program. This would be one means of identifying the population that you are trying to assist. Secondly, as we get back into records per se, the certification by applicants in regard to their drinking problems should be collected in one central location. This location is best served in those States that have automated driver files in the driver licensing agency, and probably we will be discussing two different types of files which you should be interested in.

The State Master Driver Record File that I discussed earlier is a public record file which is available in every State; although there have been some attempts to try to close these files by State Legislatures, the information contained in the file generally is a public record, abstract of convictions for traffic law offenses, and summaries of accident reports, and the application for the license itself. So on an individual basis this is all public information record.

The secondary file, which some of the sites have been able to develop or are developing, is a file that will be a confidential file, probably maintained by the driver licensing agency. First of all, to develop this secondary file, there would be a search of the master driver record file, driver information system, and all drivers who have had alcohol-related offenses or convictions would be categorized in this separate file. This is strictly by as much information as you have on it. Here is a file of known individuals with traffic convictions that are alcohol related.

A second file within the State—most every State now has some secondary criminal file maintained sometimes by the Attorney General, sometimes by a State Police Group—is a master criminal file; most of these have been automated or are being automated, and this file should be searched for any non-traffic related alcohol offenses, drunk and disorderly, and so forth. Now, taking that information and combining it with the information received from the driver information file related to traffic alcohol offenses, would give you the beginning of a base for the alcohol population within a State.

Secondly, combined in this file should be the records of State and local government medical and social agencies, covering the admission and discharge of individuals admitted and treated for alcoholism and alochol-related medical conditions, as permitted by law. Now, there are many legal problems in this area. Some States do not permit this, and other States do. I notified the driver licensing agency when an individual was admitted to a State facility for rehabilitation for alcohol and other related medical or mental problems. But, in many States they do not. I know of no State that has developed the "following" system although the State of Indiana does permit physicians to report cases of alcoholism. I have, from a practical standpoint, not been able to discover that this has been effective. This would be a great help and yet there are many problems with trying to sell the idea of having physicians report alcohol patients with alcohol problems to the licensing agency.

From these records then, and from the development of this record base and from the information obtained from the applicant and from the information obtained from a search of both the driver records and from the criminal records of the State, the driver licensing agency should be expected to provide each local enforcement agency with a list of individuals within its jurisdictions who have confictions or reports indicative of problem drinking, and secondly, insure that all individuals convicted of driving while under the influence, or while intoxicated, are reported to the National Driver Register.

For those of you are unfamiliar with the National Driver Register, it was created over a decade ago by the Congress, it is a branch of the National Highway Traffic Safety Administration, it is located in our Research Institute, and it was designed primarily as a source for the exchange of information on an interestate basis so that individuals who were denied a license, for any number of reasons, in one State would not be able to cross the border and obtain a license in a second State, without that second State having some method of obtaining previous information related to the driver. Now, the National Driver Register provides this type of a service.

If the individual should be denied the license in one State and cross the border, he might be able to get through to the point where, assuming that he has stated his correct name and not given an alias, and given the correct name and date of birth, the National Driver Register provides a service of having a file which could be cross-referenced so that any applicant within a State would be able to be identified simply by sending the information. If the State sends all of the applicants for a license to the National Driver Register, it can search its files, which more and more are becoming national files, to determine whether the individual has ever been suspended or revoked in the past.

We still have a number of states that are not fully participating in the National Driver Register, but every year that percentage is shrinking. Secondly, the driver licensing agency should be able to develop proper safeguards for handling this information to insure the protection of the individuals involved. This is why I suggested earlier, as it relates to your project and alcohol, you are probably in need of a secondary file maintained either by the State driver licensing agency, which I would recommend, or elsewhere.

Another countermeasure that is important to the development of your program is the State Medical Advisory Board. And medical advisory boards are established to, one, develop criteria by which the driver licensing agency may determine whether driver licenses should be issued to applicants with drinking records, and under what limitations the driver privileges should be permitted. Secondly, to review the application of any individuals who have a drinking record as indicated by information provided to the licensing agency by the applicant himself, or from a source described above, and make recommendations to the State licensing agency as to whether these individuals should receive a license and under what limitations. Then after the fact, review the record of any licensed driver convicted of a drinking offense, or from whom other information indicating a history of problem drinking has been recorded, and make a recommendation to the State licensing agency regarding whether the individual should be able to obtain a driver's license and under what limitations. Also, review the records of drivers whose license has been subject to action for drinking offenses prior to reissuance of license to these individuals and submit recommendations to the State driver licensing agency as to whether the driver's privileges should be restored and under what limitations, if any. Also, have the authority to authorize medical examinations of any individuals whose license or application for a license comes before it for a review.

Now, we have approximately 40 States that have official medical advisory boards. Medical Advisory Boards were really first developed back in the early 60s, and they were developed for a very practical reason. The State drivers' licensing agencies did have to concern themselves with the physical ability of an individual to drive, and so systems were developed by which the drivers' license examiner, when he identified a driver having a deficiency, which was a medical deficiency, prior to licensing or authorizing the issuance of a license, would require the individual to obtain a medical statement from a physician related to the particular problem, vision, or what have you.

However, when the application and the examination results would come back to the driver licensing agency, there would be no professional medical authority reviewing the application, and many times a retired policeman or a disabled policeman would be making decisions as to whether or not an individual should be licensed. So, medical advisory boards were created to, first of all, develop guideline criteria or medical criteria for the licensing of drivers and secondly, then in most cases to make the decision on a case-by-case basis, at least where there was confusion or some question as to the correctness of issuing the license.

I have noticed that in many of the early applications that you have been looking toward the establishment of a medical advisory board on a localized basis, to perhaps just serve the site that you are concerned with, and most of them are not Statewide so it would be on a localized basis. I would encourage you, first, to attempt to work with the official State Medical Advisory Board to involve them for two reasons. First of all, they have had some experience in developing medical criteria for licensing drivers, and have been dealing with alcohol as a medical problem. But secondly, on a long-range basis, if the alcohol countermeasures program is to succeed, then at the time your program ends and the State takes it hopefully on a Statewide basis, we will need an ongoing system and the States official Medical Advisory Board would have been involved from the beginning.

So rather than attempt to build in a separate group of medical advisors on a localized basis, I would encourage you to try and work with the official State group. Also, I do recognize that there are many limitations and many problems here in obtaining this cooperation, but hopefully we can handle them individually and talk about them today and see what we can do about them.

The last and perhaps of minor interest, or less important from a program standpoint, is the discussion of the development of an alcohol section within the State's official State Driver's Handbook, and the development of questions on the official examination for drivers that are alcohol related. There have been great advancements as well in the development of a Driver Information Handbook which we call Rules of the Road, What Every Driver Should Know, the Drivers Handbook, or what have you, the official publication of the State to be used as the official text from which driver's license examinations, knowledge tests are developed. I would guess at this point probably about half of the States do have information related to alcohol in these handbooks. The development of test questions for this purpose, then, is somewhat difficult because some States do limit the type of informations that can be tested to those items which are law, portions taken directly from the Motor Vehicle Code.

If you are interested from an educational standpoint in developing or having some background information to develop a section on alcoholism in the State Driver's Handbook, we have put together a number of examples from various States, hopefully we could develop a model. At the present time, we are not this far along, and I think by either contacting Len Tabor or contacting me, we could give you examples of information that are included in some of the various State handbooks at the present time. And we also will have available, within the near future, some model test questions related to alcohol that are being developed at the present time under NHTSA contract. So, you can pursue this end when you are discussing your alcohol countermeasures program with State driver licensing officials.

Now, back to the beginning, and let's see if we can find out what particular problems you have had and we will take it in kind of three ways. First of all, in the development of the Driver Information System. I guess the question that I will ask is what types of problems have developed when you've discussed cooperation with the Driver Licensing Agency? What problems have developed in the construction of the Driver Information System or Driver Licensing File particularly related to alcohol. Have there been any States with this type of problem? It would be impossible on a summary form because of the number of entries in that total national file.

Your State Driver Licensing Agency can obtain any information from the National Driver Register that you need. In other words, if you can provide the full names and date and preferably the place of birth, these are the three most important identifiers, the National Driver Register can search its file. There is no fee whatsoever, it is a cooperative program and the files are really developed by the States. The information is sent to the National Driver Register in Washington, and the information is then provided in return. There is no fee. It is not like the commercial look-up fee within a State.

There are still many States that do not participate in the services of Drivers' Register, but the number is diminishing, even though many States do not have automated capability. They send in actually a hard copy of each application, the Register key punches, or converts in some manner, and feeds it into their file, searches the file and returns the information in a hard copy form. Other States that are fully automated send their whole tape, they will send a tape in and search in that manner. These are services available to all the States whether they participate or not. There is no formal agreement signed, they can participate if they wish.

Those three identifiers—full name, date, and place of birth, in that order, were determined by a study conducted by the Register to be the three most important and most reliable identifiers. The big problem, the place of birth, is difficult. Many States do not gather this information and many States have trouble providing it. However, if you have John James Jones, born on a specific date, the possibility of him being born in the same county on the same day is rather remote. The other item that the National Driver Register has requested, if possible, is the social security number, but that is kind of fourth best because of the ability of so many people being able to obtain more than one social security number, and because it is really an ungenerated number, assigned number.

There have been no problems to my knowledge with obtaining any information concerning the licensing of drivers, or the information in a driver licensing file, because this is all public record information to start with. It's convictions which are public record, and the only thing that the Driver Register would not have is the information of an arrest, for example, it would only have convictions. Therefore, it is an item of public information. Certainly the type of file that I described, the secondary file that I think probably logically should be maintained by the Department of Motor Vehicles, because they are going to have to be interacting with the National Driver Register, and with the site, and so forth, would be the logical location for that file.

I would think that the problems of protecting, safeguarding that information would have to be discussed with the agency and perhaps with the Attorney General of the State. But I know of no problems. Let me add some we had from the first nine projects, some of these projects have been developed, but I have known of no legal challenge to the development of that file.

At least from my experience which is at State level, we found that in operating a program which was attempting to obtain as much information on a problem driver as possible, was not strictly limited to alcohol related problems, but to all problem drivers, it was very helpful to obtain information in the criminal file. This was provided with no problem whatsoever, because, again, in the criminal file it was not incorporated as part of the driving record, but was used just simply as an information tool to assist in knowing more about the driver in a rehabilitative process.

I know of a number of states which have used this system without challenge for a number of years. But of course they are very careful that it is used strictly as information, and by going this route, that is, we have x number of individuals with alcohol traffic related convictions. We asked the official police agency that maintains the statewide record on individuals within the State, to provide us with any alcohol related information from their files. Now combining these two files, they then, perhaps if there is a need to go beyond that, to search the NCIC file, then the Police Agency could do that and then provide the information. Now, I know of no problems in the States that have used it, but it has not ever been in the loop where the NCIC was involved. It was strictly the criminal files of the State, matched with the driver files of the State.

We are continuing a study that was begun a couple of years ago entitled "Optimum System for the Enforcement of Driver Licensing, Suspensions, Revocations and Denials," and very honestly, we are still a long way from developing the system. If you are not interested in developing any other countermeasures beyond the information obtainable from the file, because the State licensing agency is required to, as a penalty for a conviction of drunk driving, yank the license, anywhere from 90 days to one year mandatory requirements of revocation or suspension.

I would think that one of the things that you would want to attempt in the rehabilitative process is allowing the individual to drive at least during certain times of the day, as part of that rehabilitation. And without the cooperation and the muscle that the State driver licensing agency has in its years and years of contact and negotiation with the State Legislature, you would never be able to have that capability. I would guess that if one or two of the sites out of the first 30 were able to obtain a special dispensation to experiment with limited licenses, it would be a lot. Legislators are frightened to death of this area.

There is another problem of controlling the incidence of driving by the unlicensed. First of all, it is an argument for letting you play around and experiment with letting individuals drive because a study which was certainly not definitive but certainly indicative, indicates that up to 70% of the individuals whose license has been suspended or revoked, continue to drive anyway. They do drive, and this is based on subsequent violations and convictions, and obviously some people get away without being apprehended. So, number one, I would think that that would be a selling point for letting you experiment.

Hopefully, a secondary effort should be made and only can be made, I believe, with the assistance of the State driver licensing agency, and that is, if you have one practice that I think will be probably the most beneficial in controlling the incidence of driving without a license, and that is to query the files at the point of every contact that the enforcement officer within your jurisdiction has with a motorist.

At every point he queries the file to find out whether the license is valid or whether it is suspended or revoked. That can be done very easily with an automated file. It can be done to a lesser extent with the paper files because there is a long delay then. But in one way or the other, if you crank into your enforcement activities the mandatory requirement that every contact, that is, every stop for a warning, every arrest, every investigation of an accident, that all drivers involved are checked to make sure that their license is valid. This is probably the best information or advice that I can give you on how to control the incidence of driving without a license, and then to have the officer follow up and prosecute on the charge of driving while suspended or revoked.

You find that in most of the cases—these types of arrests are never made because the information has not been available. They simply miss it completely because many of the drivers whose licenses have been suspended or revoked still have the license in their possession. Secondly, if they don't have it in their possession, they are charged with simply driving without a license and the subsequent charge is never made of driving while suspended or revoked. So, if you could crank that particular effort into your enforcement countermeasures, I think that it would be beneficial. This should be publicized; someone, perhaps the State Motor Vehicle Director, and the police official in charge, should provide a list to the press every week. These individuals have been identified as driving while suspended or revoked. It might cut down these incidents so that the people that you are dealing with will be receptive to limited licenses and will be interested in preserving a license and do have some concern about an arrest for driving while suspended.

Another point is that in every State, to my knowledge, the administrator of the driver licensing agency has the authority to require a re-examination of any applicant on almost any grounds. This should be helpful to you, particularly if you plan to use something like the MAST test or something of that nature, and you have no way of getting the guy in, with the cooperation of the driver licensing agency, that individual can be cited, and can be required to appear for a re-examination, and can then be cranked into your loop. So, the cooperation of the driver licensing agency is critical, and they do have this authority, I believe, in every State.

And now to explain what the driver licensing compact is very briefly, certainly not a full discussion. The compact was developed in an attempt to nationalize a one-license concept, so that a driver could at one point in time hold only one license from one State. The State can enter the compact to agree, number one, to require the surrender of any other State's license before they will issue a license in their State, and then subsequently the State takes that license and sends it back to the original State of licensing, and at that point the original State collects and submits to the new State all the driving history, the previous driving history of the driver, so that the driver's record, theoretically, would follow the individual throughout the country and a historical record of his driving history could be maintained.

Now, I would say that, as a rough guess, somewhere around 75 to 80% of the individuals in the country are being followed in this manner, but there is a secondary problem. With the age of automation, we have to develop purge date. Prior to that time, many States kept an historic record of the driver's history, all of his convictions, all of his accidents, and so forth. With the advent of the conversion to automated data-processing, they usually selected a three- or four-year purge date. However, in most cases, they did historically maintain major offenses such as convictions related to alcohol. However, they don't maintain information which should be of great interest to you, that's arrest for reckless driving, because historically, at least, pre-implied consent, a huge percentage of reckless driving convictions were simply reduced from a DWI arrest.

So, if you do review driving records, if you find somebody with a lot of reckless driving convictions, and by a lot, anything over two, they should be cranked into the system and hopefully screened with some type of a screening test like MAST or some other, because I think that you will probably find you have a problem drinker. Many States cannot crank into their records bond forfeitures, so you could have a situation where an individual was arrested and for all practical purposes convicted, he forfeited his bond in New York, and returned to Illinois, but the State cannot crank into its files anything but convictions and, therefore, bond forfeitures are not considered convictions. This is true in many States, so that type of problem just doesn't leave the trail.

In the last five years, the great improvement in the court systems with the rapid, in most parts of the major States, the rapid elimination of the Justice Courts, and the development of District Courts, that this will be less and less a problem, although I think that your legal experts could better answer this question. My experience with the State level and the major State of Michigan was that we received too many records of people who would say, "I pleaded guilty and paid the ticket because I couldn't stay on any longer, and it was a speed trap, and so forth," it was the other away around, that we did receive most of the convictions.

Also, with the advent of automation, records flow much better in the last few years, because the information can be obtained quickly, you don't have to go out and pick up a file and forward it on to another State. Although there are still long delays, usually it is done on a monthly or quarterly basis, records do eventually follow the driver from State to State. The entire application of a driver is not public record. Only the name and identification of the individual and accident convictions and abstract of convictions and driver improvement actions are an official part of the record. In other words, if you came into a driver licensing agency and asked for the information, and went to the information system office and asked to see the files, they would give you a copy of the information I described, and you would not be allowed to see the entire file, including the application.

The Federal Government has extended a goodly sum of 402 funds to assist States in automating the driver licensing files, and the reason that the Congress was interested in assisting in developing these State files was for safety related purposes. Too often, the State driver licensing agency forgets that the reason for our approving major grants is to develop safety capabilities, and certainly there could be some negotiation and we could assist in cooperation with NHTSA project manager. I think that we could be involved at that point.

Motor vehicle administrators are running a paper factory, it is a production ship, their constraints are deadlines that within 60 days from the day an individual applies for a license and is given a temporary permit it is good for just 30 days or 60 days, or what have you, they have to deliver the finished product, the driver's license, and there are all kinds of production problems in it. So they are concerned with this, and very often lose sight of the safety responsibility, the traffic safety responsibility, which is their prime goal. If we can assist in working with them, I am certain that we would be of help.

The point of it is, this was the purpose of the Highway Safety Act—to develop highway safety capabilities within the State, and I would think that it would be a matter of diplomatically working out the solution so that those capabilities could then be used specifically in this type of a project. As I said earlier, 20% of all highway safety funds have gone into automated record capabilities within a State, and the largest share of those have gone into Driver Information Systems. Of course, this is critical, if we were working with 400,000,000 pieces of paper we would never be able to build any type of a data basis to solve any traffic safety related problems. Until that is put into a form that can be usable to provide information that would improve, or at least indicate, ways of improving traffic safety, we will never accomplish anything. So, this has been a major thrust really of the program in developing these informational capabilities.

Don't misinterpret my remarks, because my experience is primarily State experience. I have been associated with the Federal Government for about 3 1/2 years. I am suggesting that the State administrators in these areas are so concerned, and do have such pressure on their production problems that they have to be resold and reconvinced, and realize again that their production problems are secondary to their first responsibility to improve the safety of vehicle travel.

So, I would say that on a national basis the relationship between the National Highway Traffic Safety Administration and the State on not throwing weight around, and so forth, has so far been very, very good. Those of us who are involved in traffic safety programs at the Federal level are conscious and aware of the problems at the State level, and try to take those into consideration. I am just suggesting that one of the arguments should be that the Administrator use these files for safety related purposes and, in a diplomatic fashion, this can be restated again.

I have found no problem in obtaining cooperation at any point, in any of the programs that I have worked on, and this relates not only to ongoing operational programs but to research that we have been doing and the cooperation that we have obtained. It may cost money, and you are not going to avoid this because these are very extensive programs. The legislatures of the States have appropriated x number of dollars, there are only so many things that can be accomplished with those dollars, and you may very well have to pay for searches or at least for the development of programs that would provide the information that you need. That will have to be cranked in as an expense within your particular program.

There are quite a few States where the Department of Revenue is the agency and even more so, there are more States where there is a Central Information System that is under the Department of Revenue or something of that nature, where they are developing a central file for all automated records systems.

As I recall the last figures, roughly once every three years an automobile insurance company, on an average once every three years on a national basis, pays the fee necessary to obtain the complete driving record of every individual driving in the country. Now this generated, in my State, the State of Michigan, a million commercial look-ups a year in a driving population a little over 5,000,000. They generated a million to a million and a half driving look-ups a year, and provided at $2 a look-up, about $3,000,000 in revenue or better every year. This more than offset the cost. However, legislatures don't look at it that way because those funds didn't go into the driver licensing or automation program, they went into the general fund.

Also, there is a tremendous amount of pressure on these files now because employers are finding them, not only employers but lending institutions, are finding far more significant information in these files than they find in any other form. They are more important in credit checks, as far as they are concerned, in determining the caliber of the individual, and so forth, so that the pressures on these files are tremendous. That even makes them more important to you because you do need the information and if it is an item that needs to be funded then it should be cranked into your program costs.

To answer a question on driver improvement, there are great discrepancies in the types and forms of driver improvement, and many of them are simply little more than methodology to legally suspend or revoke a license. In those States that have a driver improvement system, whereby they have a number of driver improvement tools beyond the suspension and revocation of the license, I would think that it would be well worth your while to crank in whatever funds are necessary to educate driver improvement officers, as they need to be educated to identify problem drinkers. A couple of the early sites, Wisconsin and Michigan, made an extensive effort to work with the agency to train their Driver Improvement Analyst in identifying problem drinkers. It is a step in the right direction, and I would encourage that activity within each of the projects as well.

Public Education Seminar

Dwight Fee

We had a number of responses to the two questions that I asked you. They are very good. They are very hard hitting, and there is a lot of similarity between many of the questions. Now, I could have stood up here and tried to respond to these two lists of comments that you put down and I would have had you maybe for the first five minutes and then you would have been drifting off somewhere. In the second place, it would have taken me about five minutes to tell you all I know about public education, and then that would have left us with a couple of hours to kill. So, the way out of that problem is then to admit that none of us is really an expert and none of us really know the answers to these questions. What we are going to have to do is work these out among ourselves where we can test our realities together. That is the way we hope to manage the public education effort at the Washington Office throughout the duration of this effort, that is, to make suggestions to you, and to test those suggestions with you. If you find that you don't buy the way that we designed that, and you take the same approach with us, I think that at the end we will come to a synthesis of our ideas and we will have a campaign and an effort that makes sense to us. That is the most important thing that we can do, to have what we do make sense to us.

I have summarized the 26 comments into 4 questions which basically dealt with the concerns that you have. The four questions are these: First, what are the main public educational objectives for an ASAP? What is the message, what do people believe now and what should they believe about drinking and driving, about problem drinker drivers, about official measures, about social drinker drivers, and about the effectiveness of punitive approaches. That summarizes about 6 or 7 of the questions that you were interested in, and that is one problem.

The second one is, what are the principal elements or activities in a truly comprehensive ASAP public education effort? In what order should they be undertaken, what kind of activities can be carried out before the attitude surveys are completed? How can public education activities best be coordinated both within the ASAP's and among the agencies that are related to alcohol highway safety?

The third one is, what are the essential target populations in an ASAP? Give some indication of their order of importance, indicate the best media and method for reaching them. How can you convince one group without alienating another or turning them off? What especially can be done to involve police and court personnel in ASAP activities?

Finally, what are the most important skills, knowledge, and experience that my public education specialist should have? What should be his primary activity? These are the key management questions in terms of you as a project director managing a public education specialist. If you have certain assumptions as to how he ought to be spending his time, and he is not spending his time that way, you are going to have problems, unless you tell him how you expect to see him spending his time. You have to negotiate that with him because you know that those of us in public education are a bunch of prima donnas, and you know we get very irritated at a bunch of people trying to tell us how to run our business and so on. If we are working on a certain set of assumptions and, the project director is moving along another set, then we have unhappiness. Then, finally, how can I get original material produced, and where should I look to recruit public education staff?

These are the four questions and rather than my trying to answer those for you, I want you to answer them for each other. We have a world of experience in resources in this room. We have experienced project directors, experienced regional guys who have been fighting similar battles for years before our program got started, we have all the individual capabilities and backgrounds that you have all brought, and it would be ridiculous for me to try to answer those questions for you. So we are going to break into work groups. Group one will take question one, group two, question two, and so forth. Go out and get the answers to these and then come back and have a spokesman who will come up here and present the answer to this question.

Group One Report

We came up with several elements, and some of them are countermeasures that we want to use in the public education effort. We want to use speakers bureaus, driver mass media, education in the public schools, provide a driver's license manual to include information about drinking, and driving. We want to provide the public with clinical test information on blood-alcohol levels, put mobile vans in the areas of the community that have high drinking-driving experience. We want to have special education programs for professional groups such as doctors and lawyers and clergy. We are going to have a central information access program, where you dial a phone number and receive help. We are going to have a calibrated drinking experience, a special education program for transient personnel in places that have a lot of tourists. We are going to distribute pamphlets in special areas, we are going to put flyers in public places such as bus depots, railroad stations, in liquor stores, and bars. I would like to suggest that one of the most significant things would be a central information access so that when the public wants to find out something about the project, they can just call and get that information.

The next question was what kind of activities can be carried out before attitude surveys are completed? One of the biggest problems that we saw is that if you do a lot of work with the public before you take these attitude surveys you are going to get a contaminated survey. We decided that what we would do is to have a tremendous amount of in-house organization to avoid introducing noise into the survey, and if we are going to release news to the media, we want to be real general about it.

The third question is how can public education activities best be coordinated? Our answers were with cooperative news media personnel, the TV, the press, people like that who have some in-house capability. We thought that a significant one was training for all ASAP personnel to include your operating people, law enforcement people, treatment people. Bring these people in periodically and give them a seminar on the whole project so that everybody will know what everybody else is doing and make them understand that when one does something, it effects the whole project.

Mr. Fee

Let me just give you a personal reaction to that. This is people to people, a verbal face to face activity. This tells you something about the kinds of skills that you are going to have to develop in terms of the people who are going to help you conduct this face to face verbal communication. A mass media effort is great as long as it is carefully planned and has an objective to it. As far as the printing is concerned that will cost money. That is what the money is there for—spend it. The other issue is working through existing organizations. Now this is different from target populations which we will talk about later. Working through existing organizations multiplies your activities.

I do agree with the point about planning and organization coming first and not seeing a lot of activity in the early period of the ASAP. You should be spending your time in your planning and in your organization, but this is not to say that you would not have any general information come out as news items when they develop.

The final comment I have concerns seeking cooperation of media personnel. I think that is well worth the time to do. Using all of the public information you can. That's how Charlotte got all their free time, but it takes a lot of time and effort. The idea of coordination, the in-service training is a great idea. The communication director in the Michigan project told me that that was the best single thing they have done since they started the project. They discovered that the people actually working in the ASAP didn't have a common understanding of its goals, their responsibilities and how they could get some kind of a benefit out of an ASAP. They got together and designed a week long in-service training effort and that is how they achieved their coordination.

There is a concern about competition from the national level advertising getting into your market. One easy way to solve that problem on the subject areas that the national area undertakes is to use our stuff, and then you can make additions based on what you need in your community. Take our stuff and use it. It is going to be aimed at the general awareness theme of education in terms of blood-alcohol concentration and risk, and the definition of the problem drinking driver, broad things, which you would be able to use in your locations. Now, in specific kinds of countermeasure activity, that is where the big differences come between the projects and that is where you introduce your material and say your own thing and I hope, there is going to be consistency between the two.

Group Three Report

What are the essential target populations within an ASAP? We saw three different general kinds of groups. One, the general public which we put in categories of problem drinker, social drinker, and non-drinker. We thought primary emphasis should be given to that group during the operational period. During the planning period, there are two groups, which we call support groups. One includes the ASAP sub-system groups, law enforcement, judicial, government organizations, medical, insurance, chambers of commerce, alcoholics anonymous, and so forth. The second is less involved in ASAP particularly in the planning and organization stage, such as churches, professional societies, social services organizations, bar associations, taxpayers associations, safety associations. In order of importance we see general public during the operational period, ASAP sub-systems during the initial planning and organization period, then as you move to the latter end of the six months, picking up all the other organizations that are involved.

We couldn't identify any best media. We don't want to put all of our money into any one thing. We want to go across the board, the general public tends to be more oriented towards mass media, whereas the support groups tend to be more personal contact oriented. How can you convince one group without alienating another? We see chances of alienation as two problems; once during the initial involvement and then in getting continuing support. We consider these as two different problems.

We started out thinking, really, that we weren't going to have much alienation. We later changed our minds and said that we had to be pretty careful that we didn't irritate the social drinker, because this is a large part of the population. How would we do this? Well we were going to use our own talent and we will have to do our homework. We are going to use a lot of outside assistance and help and we have to find some technique for screening these people, because we think that somebody who is on the outskirts of the programming assisting it, can really do us some damage. The staff to the sub-systems is another area in which we can come up with some alienation. Again homework, involvement, and the use of the feedback from the evaluation are the important criteria so that you don't create alienation within your group project.

We identified two particular groups which we thought we might have trouble with. One was ethnic, and one was age. How do we handle that? Most of us thought we would tend to sub-optimize the total program. In other words if we go where the action is, bang, we are right in the middle of an ethnic group. So we are going to do law enforcement in other areas. Maybe diversionary tactics won't have as much success, but we think it is important so that we don't alienate ethnic groups or a particular age group.

Now, involvement ran throughout this whole thing, and it is pretty easy to miss somebody. For example, when we finished our list I noticed that we forgot safety associations. It is pretty easy to leave someone out. The final question: What especially can be done to involve police and court personnel? We really only have two thoughts on this subject, and they are both kind of general. First, use their ideas. Seek their guidance in planning and organizing your program. Then turn around during the operational stage and use their expertise. The law enforcement people have their own public relations organization. Policemen, are in fact themselves, public relations personnel. Use them, as speakers, show them on TV, put them on radio. Most judges in our area give a great number of speeches. Use them. Get them involved. People like to listen to professionals, so when you are talking about law enforcement programs, use a pro. The same thing for the courts. If we can't get them involved, then we are going to lose the whole thing.

Our final note was that throughout this whole thing you have got to have patience. We are trying to change people's attitudes, change the sub-system's ways of doing business, and they just aren't going to change overnight. So we have got to do our homework, sell, resell them, and resell them.

Mr. Fee

Let me make two comments about what we just heard. First, involving the business of feedback. That is really how you find out whether you are getting yourself across. If you don't have feedback mechanisms, then you will never know. You get feedback by asking for it. I'm not talking about just in evaluation. One of our projects is using a neat little trick. They go in and they have a quick question session and the first thing they do is to find out what the people know. They get feedback that way. They don't waste time. They get different feedback from a particular audience on what those people understand. If they get the right answers to questions about BAC for example, then they drop out of their presentation because the people already know that. Build in your feedback and ask for it. The only way you know you are being understood is to do this. The second point is on involvement. Write this down. People resist change. We all resist change. People support what they create, and if they didn't help create it, then they are not likely to give it much support. If you want the police, the judges, the medical people, you have got to give them a piece of the action and let them share in the creation of this program.

Group Four Report

As quickly as possible, what are the most important skills, knowledges, and experience? Skills, someone who has advertising, press and/or P.R. experience, who is a pro, who has business acumen, a local person preferably with personal knowledge of media people, and key community leaders or activators, three to four years minimum experience, a person who believes in ASAP, public speaking ability, able to work with minority and ethnic groups, and management abilities. What should be his primary activities, (1) preparation of locally flavored materials, (2) opinion molding, (3) conducting briefings for key groups, (4) preparing press releases, (5) preparation of documents, (6) a person who is a trouble shooter, (7) activities in management like budgeting, and administrative activities related to the community relations aspect of the project, (8) to be responsible for liaison with DOT, (9) liaison with other sources of information and media and community relations activities, (10) organize a speakers' bureau.

I would like to make a comment just quickly on the trouble shooting part. We are talking about someone who knows how to handle sensitive problems when they come up. To cite the ridiculous, what do you do when the wrong VIP gets arrested in your community for DWI and ends up talking to the governor or calling a senator in Washington; or when you get the word that they are about to blow your project out of the water at the National level, State level, and local level? What are you going to do? Think about it. That is what happens on occasion and you better be prepared. The final point, how can I get original material, art work, and so forth produced? We felt we should be hiring the type of person who will know how to get materials out, art works, and so forth. Look to a pro if you can find one to do it. Where should I look to recruit public education staff? Where do you get people? Perhaps, out of a graduate school, or from another organization in the community, who have competent, qualified individuals. Contact people in the business. That is a good source of putting you on to someone who might be available.

Mr. Fee

One of the best ways to motivate the key people in the community is by putting their names in the program. If you are going to have a big enforcement effort, for example, that's the best reason in the world to produce a local brochure, a completely local job, with the chief of police's picture. Great motivator. The biggest problem that people have when they go out and hire a public education guy is that they look for a good writer let's say, or they want a good graphic man, or they want a guy who can make a good public presentation. It seems to me that they want a good promoter. You want a promoter, and a promoter is a guy who knows how to plan and manage a comprehensive effort. Let me make two additional comments. One, you can find material. Don't hire somebody just to produce material. Ad agencies have people who can draw, produce about what you want, so don't add someone to your staff just to produce a particular cut. Where should you look to recruit? The number two man at the local Chamber of Commerce. Those guys think promotion: the next group has the toughest problem in the whole bag, and we have the simplest solution, but the most controversial. What are the main public education objectives for an ASAP? What is the message? What do people believe now, and what should they believe about drinking and driving, problem drinker-drivers, official measures, social drinker-drivers, effectiveness of punitive approaches?

Group Two Report

The objectives we listed were sell the program, gain public support, create public acceptance of the problem, educate the public in regard to their attitude towards drinking and driving, reject irresponsible drinking and driving, don't threaten. The second part of the problem was what is the message. In summary, problem drinking drivers can be detected, problem drinking drivers can be rehabilitated, but only if the community participates. We must get across the point that our target is not the guy who has a beer on the way home. Development of public pressure to reduce the tolerance of the public for the irresponsible drinking driver, is necessary.

Mr. Fee

I want to preach to you and beg you and really ask from you only one thing on this topic, that we leave this room today with a feeling of singleness of purpose about our objectives. We began the whole conception of the alcohol countermeasures program in July of 1969. We have been working on it ever since. Nobody is going to be perfectly convinced on what the message ought to be. We are going to have to compromise and agree on one message, even though we may have a few reservations about it. We don't have all the answers about drunk drivers; the police don't know all of the answers about alcohol related crashes. But we have enough data now on which to base some countermeasure activity, and a close evaluation of. If we don't get together on this, if we have people still talking about social drinkers, and going with this message to the mass media to change people's drinking to driving behavior, we will not have had a valid experiment. So we have to have a new message, we have to have something that the people can believe in and have some kind of hope in before they are going to accept what these countermeasures involve. This is a new program and it is a brand new message. The research indicates that 2/3 of the alcohol related fatalities are caused by people who have drinking problems. This is truly important. It is not 100% proven, but it is enough to act on right now. We should go out and find the individual driver, not a whole mass of people. If we do this then we are going to be able to do something about it and if we can do this then it is going to be convincing to the public. It's a whole new ball game. What is the focus? We are going to focus the public education effort on the problem-drinker driver, and the people around them, family, friends, employer.

Another point is that people have no idea about blood-alcohol concentration and risk. They must be told about the risk, and about the problem-drinker driver problem. In summary:

(1) The dissemination of public education materials in the ASAP is not expected to take place during the six month planning phase.

(2) Each ASAP should have at least one full time staff member charged with the public education effort.

(3) Commercial advertising agencies should be used to help develop a comprehensive program.

(4) ASAP's should not plan to produce any TV announcements for about the first year.

(5) General approval of the public education effort will be through the contract technical manager.

Contract Administration and Financial Management

Herschel V. Hawley

I would like to discuss with you some of the various people who will be playing different roles in your project, especially those on the Federal staff. You have seen a lot of faces around here this week and I'm sure you may be confused about the roles that various individuals will have in relation to you as project director.

The first person I'd like to speak about is Joe Amato, the Contracting Officer for the National Highway Traffic Safety Administration. Mr. Amato has the legal responsibility for signing all contracts with our Administration and for assuring that all the appropriate Federal rules and regulations are adhered to, among many other tasks. Joe Amato is the Federal signator of the contract.

An ASAP is a contract between the Federal government and a contractor, which could be a city, county, State agency, and so forth. Mr. Amato has working for him a number of individuals whom he calls *contract specialists.* Your ASAP contracts are assigned to these specialists on his staff. You should be familiar with the term contract specialist.

The *contract technical manager* is a member of the DOT headquarters staff, OAC, of my division (Division of State and community programs) through the six month-planning period. You know your contract technical manager. At the end of the detail planning period, when the project goes operational, the contract technical manager will be a member of the DOT regional staff.

The contract technical manager is an arm of the *contracting officer*, to monitor and work with the contractors to see that the work is performed on schedule and as required by the project plan. We have an individual in each of the ten regions classified as a *regional alcohol specialist.* In some cases when the management is transferred to the region, this *regional alcohol specialist* will also be the contract technical manager. In other cases he may not be; it may be someone else designated from the regional staff.

There is another title that you will hear. We have at the meeting here the regional alcohol specialists whom you've become acquainted with this week. As I stated earlier, we have structured the Division of State and Community Programs into four areas, and I introduced our *area program managers.* These area program managers also serve as contract technical managers. We would like to refer to the individual who is managing or directing the project for the contractor, as a *project director.* If we can understand these titles, we can communicate.

We are attempting, insofar as possible, to have a management system between the Federal government and the contractor, which is as clean as possible. We expect these contract technical managers to deal with the project director on all matters relating to the project. We'd like to see the contract technical manager as the avenue through which you come to the NHTSA with your problems, regardless of the nature of the specific problem. He will be able to bring to bear those individuals in Washington who would have responsibility for working with you. The moment we have direct contact of any magnitude between project directors and other persons in the Washington Office, or the regional office, for that matter, we can have some serious communications problems. We are asking you, on contractual problems, to communicate with the contract technical manager. During the first six months he will be sitting in our office in Washington. Your Washington contract technical manager will take your problems to the appropriate contract specialists, and if necessary, to Mr. Amato himself.

If you have a problem on the financial management side, we can follow this same route. Our office is not very far from Hal Selinsky's Office of Financial Management.

I think, by and large, we're going to operate the same system in regard to staff in OAC and TSP, to have this contract technical manager in on the loop on everything that is happening. It's just a principle of good management to start with, and it will greatly facilitate the action that you need. I think this will work both ways. It's not only going to work by your coming through him on the way here but we expect it to work the same way on the way back to the contractor. This system is now in use in eight of the nine projects that were initiated last year. In these eight projects contract technical manager is the responsibility of the regional office. When your programs are operational, contact will be with the regional contract technical managers and direct contact, between the Washington office and the ASAP sites will be minimal.

This is the management system we will be using in ASAP. We take the position that the full responsibility for the success or failure of the ASAP program is in the hands of the project director who works for the prime contractor. We are going to insist that subcontractors whoever they may be, follow this same procedure. They, by and large, come through you. We have in the past had some subcontractors, or second tier contractors that pick up the phone and call Washington bypassing the several more directly responsible layers. I will not communicate with them; I think they need to relay their problems through you. They work for you, as the project director, who is responsible to the contractor. We want to maintain that relationship. If we are dealing directly with a subcontractor, it is with your approval and your knowledge and participation. I think it is essential that you maintain control as Project Director for all on-going work whether it is with your staff or whether it is by various types of subcontracting.

The decision-maker is the contractor in the final analysis. If the contract is with a city government, for example, the city council determines policies carried out by the city manager or the executive branch, their councils or advisory boards and I think you should weigh carefully recommendations that they make.

As Project Director, some type of formalized written understanding will be very helpful to you in your direction of the program, especially agreements between various governmental agencies. If you obtain agreements in writing, I don't know how elaborate these should be, I can't speak as to that, but we feel that it should be some kind of written commitment. You may have no problem obtaining verbal commitments, but I think you must involve these governmental officials in the detail planning of the program if you expect any real participation. Some of the early ASAP applications we received included all types of letters of support, signed by an agency head to a person who prepared the application. This may mean that the agency heads do not see a role in the program for themselves. Some of the letters of support were from police chiefs or judges and they depicted no understanding that they had a big role to play in the ASAP.

Contract Administration

Joseph Amato

Mr. Amato is Director of the Office of Contracts and Procurement, National Highway Traffic Safety Administration. He was formerly Procurement Director of the Army's Harry Diamond Laboratories, in Washington, and Deputy Director of the Industrial Division, of the Rochester Procurement District. He studied at the Graduate School of Accounting, The Business Institute, Rochester, New York. Mr. Amato has had a number of years' experience with the Department of the Army in planning, programming, contracting, high volume production, and research and development contracting.

One of the reasons for entering into the letter contract that so many of us are familiar with was to avoid just what has been happening in this last quarter of the fiscal year. Anticipating that our moneys would be released late by Congress, we had agreed with Chuck Hawley and his people to enter into letter contracts so that we would not be negotiating during this particular quarter because of an unusually heavy year end work load. As it turns out our plans went astray, so we have been very actively involved in the ASAP letter contracts. However, as you all know, the definitization of those contracts will really not take place until about 60 to 90 days from now. Although we have a target date of June 15th, we still have the audit and the formalization of the contract ahead of us. It may have already been explained to you that the contract document itself is almost formalized because we found as we went down the pike, that we had to give some real guidance in the contract, as opposed to the loose language of letter contracts, as to what was expected of you, when you can start, and so on. So the document that most of you have received for signature by your local government does contain most of the terms and conditions that will remain for the life of the contract.

One of the problems alluded to was language failure in contracting. One of the things that happens quite frequently is the misapplication of terminology concerning *funding-apportionment*, *allocation*, *commitment*, *obligation* of funding and *payment*. Along with *payment*, there is misuse of the terms *advance payments*, *progress payments*, *partial payments*. All of these words and phrases have their own meaning, of course, and I did want to just quickly review with you what we're involved in the contract. The Office of Management and Budget apportions the appropriations; Transportation then allocates to the administration, who in turn establishes programs and commits funds within those programs.

When we issued a letter contract to you we incurred an *obligation* to pay the maximum amount of dollars that appeared in that contract, I think in most of them it was $10,000. As we devolve out of the letter contract now, despite all of the numbers you'll see in there, with respect to *funds* availability after 1 July this year and 1 July next year and so on, our *total obligation* will be very clearly spelled out. As we make more funds available to you that *obligation* will increase. The *commitment* you create once you receive the contract document, in turn, becomes *obligations* once you place purchase orders or subcontracts. You then are obligated to make *payment* when the goods or services are delivered. Subsequently, we make payment to you and, obviously, you make payment to your subcontractors.

I want to quickly review the genesis of letter contracts so that we can proceed to subcontracting. Letter contracts were quite popular during World War II when the need for munitions was so critical and urgent. At that time it was quite fashionable to write a simple letter, sometimes a one paragraph letter, to ask contractors to get started manufacturing war supplies. Over the years letter contracts have evolved into more formal documents and as most of you know, a bilateral signature is now required as opposed to the earlier unilaterals. We had hoped to avoid some of the pitfalls. Again as I stated before, audit has not taken place. Since each proposal is in excess of $100,000, it is required to be audited. We have not had the turnaround time to do this. We've already made the request on the audit agency to audit your proposals. In turn they will also audit the major subcontracts that are planned. This should take place within the next 60 days and I hope that within at least 90 days we will be in position to negotiate and wrap up the final contracts.

Subcontracts are primarily the responsibility of the prime contractor, that is, the State and local government. All cost type subcontracts, down to the various tiers, the meaningful ones at least, are subject to audit. A simple rule to remember: whatever appears in your prime contract, since it is a cost type subcontract, should normally appear in your subcontract of the cost type variety. I know that you have seen subcontract clauses which may differ from those we initially started with. Some of this, incidentally, was caused because the DOT is in the throes of preparing new regulations which have since been published in the Federal Register but have not yet been promulgated. We would expect that in the normal order of things, you should be prepared to negotiate and submit your subcontract immediately after your prime contract is executed. Three copies of the subcontract, executed by the sub, should be forwarded but you should wait to sign it until after it has been approved by me. Now if you have already entered into the contracts subject to my approval (that happened in some instances in the earlier contracts), I would strongly recommend that you do not authorize subcontractors to commence work until they come back signed by me.

A rather broad question concerning the subcontract dates or tentative dates, or effective dates, was asked. Obviously you cannot enter into a subcontract earlier than the authority you have to enter into a contract with us. The contract that you have in your possession (the letter contract) is dated back in February. That letter contract was effective last February; it has longevity, it is in effect today so that you can do many things within the realm of what the total scope of the contract will cover, just as soon as it is executed. The effective date of the contract is an administrative tool to establish when certain things are due; one of these is reports. It requires reports to be submitted so many days and months after the effective date. Insofar as allocable costs are concerned, most costs that are incurred from the beginning of the contract, back in February, through today, and continuing on through the life of the contract will be, as long as they are *reasonable* and *allocable*, eligible for reimbursement.

The question is often asked why we do approve subcontracts. One of the primary reasons is to ensure the government retains rights to data on through the third or fourth tier if necessary. Again, it is important to have these clauses incorporated in your subs and insist that your subs, down the line, indeed, also incorporate these clauses. Regarding data rights and patent rights, the Public Law (PL 89-563) insists that we obtain rights. So long as our effort is not a minimal one we should obtain all the rights that accrue under the contract. So, to that extent we must get these rights and make them available to the public. We also are quite concerned about subcontract approval because occasionally a subcontractor may have been chosen for delivery of goods or services, which may have a poor past performance record known to us; and in those instances we would probably recommend that you subcontract elsewhere. For all intents and purposes these were already reviewed with the major prime. If we have any serious misgiving about the proposed sub, you would have heard from us at the time we discussed the draft proposal with you, I'm sure.

We're interested also in competition. We are anxious that you maintain the integrity of the competitive system. This is really no senior problem. We see the local governments and States operating within their procurement system. In many instances, we find that they are even much more restrictive than we are in respect to when we can and cannot negotiate rather than advertise. It is not unusual, I believe, for some local governments to retain in the county council or city council the authority to approve contracts in excess of $1,000 or some such amount. One of the questions that has been asked consistently is, "what about procurement processes and procedures?" When there is a buy involved, then you must be responsive to your own governments regarding the techniques to be used. I don't believe that a project director, unless he has been given authority by the local government, can arbitrarily go out on his own and create his own procurement methods and techniques. I would expect that you would be bound like any other department in your governmental set-up.

Just a word about contract modifications since I was asked to speak on it. A modification of course is something which, after we definitize the contract, we would jointly agree to change. It could be a unilateral change order or with the agreement of charter parties might for some reason direct a change in direction for all the ASAP projects or maybe one or two. With consultation in advance, we could determine whether you are capable of reacting to a change, and possibly issue a unilateral one under the changes clause of the contract. The costs for that would then be negotiated. In a subsequent modification of the contract, which would be a bilateral document, we would reflect the agreement that took place, in terms of dollar increases, or other effects on the terms and conditions of the contract. Each modification stands on its own. It becomes, in effect, a separate legal document and all the terms and conditions incorporated in it become a contract. However, we have a little clause that says "all the existing terms and conditions of the contract except as otherwise changed remain in force" so that it gives it continuity. We may issue bilateral changes to extend the period of performance, or we may wish to shorten the period of performance. We may find ourselves, as you will find yourselves very shortly, in the position of wondering when the additional money for 71-72-73 will be available. We will be issuing unilateral modifications at the stroke of a pen, in accordance with the terms of the contract which say the contracting officer may make available these funds after the stated period of time. I would expect that for those modifications you may receive two or three individual ones, depending on the availability of funds (mainly when Congress apportions the funds). Those are the sorts of things that modifications would involve.

I might give you a little reminder with respect to the first voucher—your reimbursement voucher. Again terminology: *advance payment*, reimbursement vouchers. You have an obligation, no matter how your contract is financed, to submit to us, on a monthly basis, your actual costs made up of your costs plus your subs' costs, of course. We ask that you mail the first voucher to the Office of Contracts and Procurement. We have asked for this in a letter of transmittal to the contract being sent out to you. The reason is that we wish to initiate an audit of your primary sub, and an audit, particularly, of your costs at the earliest date possible. This can only happen by our requesting it of the audit agency. When the reimbursement voucher arrives, it will set the stage for our requesting an audit. We will send a copy of that voucher to the audit agency, and they, in turn, will set the wheels in motion for conducting the cost reimbursement type audit.

I would like to mention one more item and that is your travel policy. We would like, if you have not submitted it with your cost proposal, to receive a copy of the community or State government's travel policy so that we can turn it over to the auditors for their review.

Financial Management

Harold J. Selinsky

Mr. Selinsky is Director of the Office of Financial Management, National Highway Traffic Safety Administration. He is responsible for implementing the financial policies for the program of financial assistance for highway safety to States and communities, and for all accounting and financial reports. Mr. Salinsky received a B.S. in Business Administration from Georgetown University. He has done postgraduate work at the Harvard Navy Supply Corps School, International Accountants Society, FAA Executive School, and the U.S. Navy Postgraduate School. He has been an instructor in accounting with the U.S. Department of Agriculture Graduate School, the University of Virginia Extension Division, and the University of Maryland Far East Program.

I think my share of the program is best entitled "how to get a fast buck honest," or, if that offends you, "how to get an honest buck fast" as the subtitle. In the first place, your contract will spell out the payment clauses and it will refer to this monthly voucher. It doesn't refer to a lot of other things that you probably want to know. For example, what form do you choose? My approach to this is have a form, an invoice form that serves your accounting system and your purposes. For example, if you have a data processing system, it's perfectly all right with us if you use that. If you do not have such a form, standard form 1034 is available to you and the contracting officer will send you a set if you need them, but we don't want a letter form of request for payment. The reason is that we're notoriously slow in answering correspondence and if it looks like a letter, it is likely to get into the wrong hands and be treated like one. So what we want is something distinctive, that looks like a request for payment.

Now I'll talk about the three kinds that we may encounter in all of these contracts. The first is a request for an advance of funds, the second is the monthly cost voucher, and the last is the final voucher which comes at the end of the line. As to the advance of funds, in the first place before you may be given an advance it must be authorized in the contract so be sure that it is there before you ask for it. We are concerned with the rules and policies handed down by other agencies. The Treasury Department has adopted a policy that restricts the advances to not more than a 30 day actual cash requirement. This is different from cost and the cash requirement is meant to be when you need to lay out cash on the line. So to start with an advance of funds, you should estimate your requirements for not more than a 30 day period. Treasury regulations also limit these requests to $250,000. I don't know if any one of you will be involved in that large an advance but if you are, the period should be shortened to accommodate a less than 250 thousand dollar advance. If your advance requirements are large enough, a letter of credit can be worked up. Now I know there are some questions on the letter of credit and we very much want to select some contracts to go ahead and use it. We have never used it, the papers flow differently than we are accustomed to and we need to have a six month period with some limited number of participants to find out what happens and to be sure that we are capable of managing advances in that system. So what I am talking about is only what the treasury refers to as the treasury check method of making an advance. That is, you submit a request and you get a check.

We also have provided some specimen vouchers and the first one of these is the form of request for advance. These specimen copies will be shown in the *Handbook for Project Directors.* Your request must identify the contract and the contract article that authorizes the advance. You cite the article because we are slow readers and we won't be able to find it unless you point it out. The 1034 form you have there provides a space, in about the upper center for contract number and date, and in the space for identification of the articles and services, spell out the contract article in which the advance clause is contained.

Under the payee's name and address is some important information although it seems to be treated very routinely. This shows how the check should be drawn and the mailing address. Underneath it we ask for one more thing. Where you see the coded item 5a entered in there is the information the recipient will need to identify the check. The Treasury Department, which writes the checks, discourages the use of enclosures so that the checks can be mechanically inserted in an envelope and the payee and address on the check is the mailing address for it. So if you show on item 5a how you need to have the check identified, we will see that that appears on the face of the check so that when it comes it will get to the right place. Now this is important. We've found that some of our State programs, where the check had to go to the State treasurer, didn't always know the information he needed to identify the recipient of the check and the result was the check was deposited and the participating agency was not able to identify it. It's painful to us to go back and trace it but it was more painful to him when he needed the cash. By all means, work out with whoever receives the check what he needs to identify it, and tell us on the face of the voucher.

You should identify the period covered by the advance. Mail it to the paying office named in your contract. In most contracts at the present time that will be in the Office of Financial Management, NHTSA. We are in the process of decentralizing some of these payment actions to our regional offices and when that takes place you will be informed through the contract modifications process. So follow the instructions contained in your contract.

Now the problem of when do you submit an advance request. The only formula I can give you is, we can be sure of processing it within five calendar days but to that you must add two times the roundtrip mailing time from your office to ours and your estimate will be as good as any. Because of the routine treatment of some of these checks at the recipient end, if you don't get the check in your own hands, then you must find out how long it will take, what the approximate time will be to get the check deposited and be notified that it is available, so add that in your calculations. Add up all those days and that is the latest date preceding the first date you need the cash that you need submit your invoice.

Next is the monthly voucher and there is a sample attached under the advance voucher. Again, identify the contract by number and date, the mailing address information is the same, check identification information is the same, and the period of the voucher. Now we are talking here about the costs incurred in this period and what is illustrated is the cost incurred in the same period as the advance.

We ask that the cost be shown in two ways, one is the current month cost and cumulative costs incurred on the contract from its inception and we ask for a breakout there. First of all, whatever breakouts are required by the contract must be shown, as for example, some of the earlier contracts contain the identification of direct expenses and indirect expenses with a limitation on one or the other. If there is a clause like that in your contract, your cost should be broken out in that fashion to show how you are conforming to that requirement. Subcontracts are spelled out in the contract as a requirement so each of those could be identified in your cost voucher and the costs incurred under each spelled out.

Probably the most important classification to be shown is that which you can relate to the accounting system in which your costs are recorded. This is important for your information and it is important in the settlement of the contract at the end. This is the reason we do not spell out what classes of cost you must have in the voucher for our purposes because the classes of cost in the voucher are primarily for your purpose rather than ours. So you add up the cost monthly and cumulative.

On the second page is an illustration that we are using in the procedure that we are writing for regional office processing of the vouchers and I believe it was taken from an actual contract and actual voucher submitted. What I don't know is what the contract clauses were so I am assuming that there were no requirements in the contract for anything not shown here and that these respond primarily to the contractor's accounting system showing the project management cost, the enforcement cost, the judicial cost, and the public information costs. I am assuming also that this was the nature of the breakout shown in the cost proposal that was made and on which the contract was based so that all tie together; your budget, your accounting system and the voucher—all have the same classification of costs. The total costs for the month, when added to the previous month's cumulative cost, are carried to the face of the voucher. In this illustrated case, it is the first voucher so there is no previous cost claimed. From the cost claimed, the advances which had been made should be deducted to show how much you are actually claiming and the difference could be shown as the net amount due on this voucher. If there is a net amount we will pay it; if there is a balance left over from the advance, as in this case, the remaining 15,000 dollars is still an accountable cash advance and should be taken into consideration in requesting the advance for the following month.

A common problem we have had with some of the early ASAPs is that they don't seem to know how to add and multiply. If you show any calculations at all, please make sure they are right and if you add up figures make sure they add up to that. By law, we must verify the arithmetic and if there is an error we have a problem. We have to contact you to find out what the correct figures should be and this involves a time delay. The most convenient way for us is to adjust the cost figure downward in the amount of the error and then have you make the corrections on the following voucher. Whenever we do that we will either send you a letter telling you what we have done or we will show the correction on the voucher and send you a copy, probably a xerox copy so you will know what has happened.

Now the cycle we are setting up here is an advance voucher prepared in, let's say your first month minus this calculation of days. You get the advance and you spend it and in that first month, you would send in a second advance voucher for the following 30 days, if you are using an advance. At the end of the first month, you prepare a cost voucher and send it in. Then again in the second month, you will request a third advance and at the end of the second month submit your monthly cost voucher. These monthly vouchers are important. They are important to us, they are important to you, they are important to the OAC. If the vouchers are not forthcoming, we would probably deny you a further advance until you make an accounting for previous advances. I view our role as a part of a team of which you are a part, I am a part, we're all a part of it, to get this job done. However this monthly accounting is a process that suffers badly if it is allowed to drag on. It is important to you that your accounting be done on a timely basis and it is important to us. We will enforce that requirement.

Some years after today you reach the point where you submit a final voucher. That really means your last voucher, your last claim under the contract. This has special meaning so break it out separately. It is the same as any other monthly voucher except it is the last one, you will not be submitting any further claims. If you have requested an advance and your final costs are less than the advance, you owe us and we would expect a refund to accompany the voucher coming in or be transmitted separately. This voucher will not be settled until the contracting officer has approved it which usually means an audit will be made and other legal requirements met before the contract is settled. This means in turn, that, if there is an amount due on the last voucher, it is going to be a while until you get it.

When we receive the vouchers, we go through a relatively standard review process. As I mentioned before, we check them for the mathematical accuracy, we check within the funded amount of the contract, we scan the voucher for any items that may not be allowable under the contract or which require special treatment under the contract terms. If those are present and we have questions we will either refer them to the contract officer or raise the question with you by phone. On our cost reimbursement contracts we operate under a negative receiving report process, that is, we make payment without clearing the payment with the contracting officer or with the contract technical manager. Instead, we require each person who has knowledge of the contract to inform us of any reason that he may have that a payment should not be made. Should one exist, it will be placed in the contract file and each time we make payment, we search for any kind of "holds" like this and it must be cleared before we make the payment. Following the completion of our examination of the contract voucher, it is listed on a disbursement schedule and sent to the treasury. The Treasury Department operates on a very rigid time schedule and they issue the checks within 24 hours of receipt. This is all within the five days I was talking about our processing time. They mail the check directly to you and use the mailing address you show on the voucher.

The contracts now call for submission of four copies of each voucher—that's the original and three-to the paying office and two additional copies to the Office of Alcohol Countermeasures for their advance information concerning the request for payment. When we pay the voucher, we then distribute copies, one to the contracting officer, one to the OAC, showing that the voucher has now been paid, one to the contract technical manager. If you want to get a copy back, you must add this to the requirements. Remember that unless you request for a return copy is pretty conspicuous it can be missed. So, we are suggesting that you mark the first copy under the original to be returned to you, in a very conspicuous way in the upper right-hand corner, "return to contractor", and we will send it back to you at the same time we make the other distributions. It should normally be in your hands ahead of the check. The schedule to the Treasury takes priority. The five days we talked about are pretty safe at the present time. What we do is, all ASAP vouchers are handled on an ASAP basis, that is, we sort them out upon receipt and give them top priority.

My office is also responsible for some financial advice, systems assistance and things like that which we are very willing to do. The need for it has to come from you and we will respond as best we are able. We will visit you if you need us, advise on your system or procedures, if it is the kind of question that can be handled over the telephone, we will respond over the phone. All I will say at this time is that we are willing but we are somewhat limited. That sums up the whole process that we employ.

Roadside Survey in Charlotte-Mecklenburg

Richard B. Williams

Mr. Williams is a Management Team Member, Operations Research and Economics Division, Research Triangle Institute, North Carolina. He has managed the planning and evaluation aspect of an Alcohol Safety Action Program, directed a drug driving project, a systems analysis of North Carolina's traffic records programs and directed evaluation of information collected for driver licensing in the United States. He has a B.S. and an M.A. in Psychology from the University of Cincinnati. His publications include works on traffic records systems and engineering and psychological research studies. Mr. Williams has had previous experience as project engineer for the Brown Engineering Company in Huntsville, Alabama, the U.S. Army Ordnance Corps, and at Chrysler Corporation in Detroit, Michigan.

I would like to point out first of all that the roadside interview survey in Mecklenburg is one of our primary measures of effectiveness. We feel it is our most clear cut data and we depend on it very much. We will run the survey once a year in October of every year and we'll do it for four years. Of course, we would like to continue to do such surveys for some time after the program is officially over. The surveys are conducted at night during the evening hours. We start at 6:45 and go to 3:00 o'clock in the morning. In our first survey which was conducted last year, we interviewed approximately 800 people, and had an approximately 94% response. Our greatest number of turndowns occurred in the first night and was primarily due to the interviewer and not the people being interviewed. Once the interviewers became accustomed to their job and fell into a routine, they didn't have any trouble.

The procedure that we used was as follows: There were a number of flashing lights and signs and so forth prior to the roadside check point interview. A policeman was stationed in the middle of the road to flag down vehicles and direct them to an interviewing area. He did not talk to the driver. The reasons being, in Mecklenburg it's felt that a reason is not needed to stop a car and to charge for DUI. In other words, if the person in the car appears to be under the influence he can be charged at that point without having committed any offense. We did not want to set up a roadblock and this is how we avoided it. We did not have the officer talk to the people involved. The interviewers then, went over to the car, asked the people to partake of the survey, talked to them a little bit about what it was about and got them out of the car and over into our vehicle, our van, so that we could give them a questionnaire and the breath test. We did let them see what the result was.

Approximately two-thirds of the population had been drinking (.02 or above on the breathalyzer). One in four was over .05 and one in 8, .10 or above on Friday and Saturday nights.

We have a questionnaire, but it doesn't contain all of the core set of questions you have. I should say that there is a controversy in one area, that of the length of the interview. We conducted a five minute interview. Our real objective was to get the breath tests and we were leading up to it with a short questionnaire. As we didn't want to be out there holding up people very long, we tried to run under five minutes. This won't be the case if you follow the core set of questions.

We had a total of nine sites, these sites were selected on the basis of traffic volume and socio-economic characteristics of the community. We were trying to get a representative sample of the entire community. We did not get out on expressways.

We started out with a TV spot telling people that a roadside survey would be conducted but we didn't tell them what it was about. We asked for their cooperation, we showed them what kind of flashing lights they would see, we showed them the officer who would stop them, and told them that some people were going to interview them for a few minutes. We received no letters of criticism. We received very little attention, no write-ups in the newspaper, or anything else. We had very few operational problems. It went very easy. The hardest part again was getting started.

As far as results go, we're finding some interesting things in terms of what people drink and when they drink it. We were surprised in a way, to find a large number of beer drinkers. In the early morning hours most people driving under the influence were drinking beer. North Carolina does not have liquor by the drink but it does have "brown bagging" so you can take your bottle with you and drink it most anyplace. I don't think liquor availability had any effect on our findings. We also found a large amount of drinking on the weekends and surprisingly, we found a little peak occurring on Wednesday night. I don't know why, it just kind of jumped back up by Wednesday and back down on Thursday and back up on Friday again.

Question 1 - Was the breath test invalid since it was only 5 minutes between starting the interview and the test?

We asked drivers when they had been drinking last and where they had been drinking and how long it had been since their last drink. By the time you get the car stopped and get over to it, talk to the people and get them out of the car into the van, conduct the interview and give them a breath test, you've used up approximately 20 minutes, their driving time is on top of that.

Question 2 - How many nights did you test?

We were out every night for a total of nine nights. We repeated the weekend. Then we weighed our data, of course.

Question 3 - What did you do with people over the legal limit?

The people who were over .10, we used a number of techniques to get them home. The Jaycee's helped out and they took some of the people home. When the Jaycee's were busy the project personnel did it. The county project personnel, which includes our enforcement coordinator, was especially helpful. We also used taxis, whatever way we could get the driver to agree to.

Question 4 - What was the survey cost?

Our roadside surveys including questionnaire development, pre-test, analysis, printing, and so forth, ran somewhere between 12 to 15 thousand dollars, total cost.

Roadside Survey in Washtenaw County, Michigan

Lyle Filkins

Mr. Filkins is a Research Engineer at the University of Michigan. He was previously senior engineer and project engineer for Servomechanisms, AC Spark Plug Division, and North American Aviation before returning to the University of Michigan in 1961. He received his B.S. degree and his M.S.E. degree in Industrial Engineering from the University of Michigan. He has written a number of studies and articles on the control and identification of problem drinkers, alcoholism and highway safety, and evaluation methodology. Mr. Filkins is a member of the Institute of Radio Engineers, the Institute of Navigation, and the Operations Research Society of America. He is also a member of the Board of Directors, Washtenaw County Council on Alcoholism.

I might tell you first that what we did was strongly encouraged and supported by RTI by a number of phone calls. Their experiences were of great use to us in a number of ways that I'll mention; one proved particularly helpful and I would think you might find it helpful too.

We sampled Tuesday, Wednesday, Friday, and Saturday for four consecutive weeks in March, from 7 to 9 in the evening, 10 to 12, and 1 to 3, one site per each of these time slots. The objective was to get 15 drivers minimum per two-hour time period for a total sample size of 720. We in fact got 748 samples, but the cells were not equally balanced. In particular, late night locations, in rural locations on low density roads, were under-represented. You just don't get that many cars coming by so there is a certain amount of imbalance.

I think it might be useful to relate some of the problems that we had prior to the time that we got into the survey. Roughly 14 or 15 months ago I made a few noises around the community and there was a lot of very, very strong opposition on the part of some of the key people in the establishment. So I didn't budget for it and we didn't try to do it. Then, last summer Professor Joe Little, who was with us at the time, was also out doing some things and he asked some of the same questions and determined that the opposition wasn't perhaps as strong as I had anticipated. So based on that, he went to the Michigan State Police, who have a great deal of credibility with other police agencies in the community, and he worked out a deal with the Captain of the Safety and Traffic Division and got a lot of support from them.

To consummate the deal we were asked to write a letter to the Director of the Michigan State Police. I did and bombed out completely. He said he wanted no part of it and cited, I think what you may anticipate, is an officer's sworn duty to do thus and so

175

and "I'm not about to do anything to change that." I knew he was going to retire so I waited. The Acting Director happened to be another old-line officer and he felt the same way, so I forgot about the Michigan State Police.

Then I got together with the Chief of Police of Ypsilanti (which is the second largest city in Washtenaw County, about 30 miles by 36 miles in area), the Chief of the Ann Arbor police, and the Washtenaw County Sheriff's Chief Deputy. We also included the legal people: the city attorney from those two cities and the chief assistant prosecutor for the County. We made our pitch, and I would say that I think one of the things that ultimately made it successful was that we didn't try to fool these people. I find, at least, that when you go into legal circles you really don't have a great deal of credibility and you've got to try to get along on whatever salesmanship you can muster. One city attorney, in particular, was highly vocal, very negative, and he just didn't want any part of it. Some of the others were a little more contemplative, and they thought about it and decided it might have some real value for them.

One of the things I did was to give the phone numbers of a former police officer on the Mecklenburg project. We also dug up some of the material from the Grand Rapids survey back in 1962 and 1963 and made it available, made some contacts with respect to phone calls and things like that, and invited some of these legal people, whose support was obviously essential, to do a little of their own checking up on some of the problems. They did in fact do that. Incidentally, the city attorney of Ann Arbor did check with the ACLU and they weren't exactly overjoyed about it, but they weren't adamantly opposed.

This pre-survey activity started in late September or early October and it took about a month to do enough so that we felt that we could make the commitments of several kinds that are necessary to carry out this kind of operation. We didn't get the tentative go-ahead until roughly the middle of November or early December.

Now I think one of the important things that made it successful, after we got this go-ahead, was that we clarified exactly what the police officers would do and would not do. They agreed not to arrest anybody on the basis of any findings from the survey. In fact the thing that had a good deal to do with clinching it is the fact that a random stop in Michigan is illegal for the purposes of prosecution and the case wouldn't hold up in court. The chief assistant prosecutor observed very strongly that if you stop the man randomly in a roadside survey and he shows .25 BAC you just don't have a case based on reasonable grounds. You have to have other evidence. So I think that was one of the things that helped and which you might look for.

And then we also did agree that if there were prior activity, that is, if an officer saw a car coming down the road weaving, that they would in fact go ahead and do whatever they would have done anyway. There was a case of that; the man was arrested and prosecuted, and I've forgotten the disposition of the case.

Some of the police officers were much concerned with what you are going to do if you see stolen goods in the back of a car, or what do you do if you see a license plate that you've got an alert on. It was agreed and satisfactory that they would just go ahead and do their thing. But we felt very strongly that once a person got into the van area, and I'll describe that a little bit if you're interested, from that point on it was strictly a hands-off policy with the police. I think that they abided by that, maybe not quite as fully as we would have liked, but we got good cooperation from the three agencies. We did use the police from the three agencies that are receiving ASAP support in two ways, during the operational phase of the roadside survey in directing cars to the van and also in selecting the sites prior to the survey itself.

As I mentioned we wound up with 48 sites. We had to trade off a little bit there. We physically wound up with 45 different sites, split on urban vs. rural, high traffic density vs. medium traffic density, and weekday vs. weekend. There were 24 different possible combinations, including the three-hour time periods mentioned earlier. Then one of our researchers, working with the police officers, went out and surveyed the County with respect to the site locations. Like Mecklenburg, we stayed off interstates. You have to look for problems of access, getting in and getting out, and the traffic control problems, particularly on main thoroughfares, and that sort of thing. The police were most helpful in solving these problems.

With respect to cost, we came out very close to our estimates; it cost us about $12,000 total.

In the van area we decided to use our own people for a number of reasons, one of which was that experience is absolutely vital. Another one is that we were uneasy and concerned about how things would go if we had people that didn't have their heads screwed on quite right, so we wanted a more or less senior person along with a junior person out at the site at the same time. We used our own staff in the interviewing.

With respect to transportation of people that are obviously intoxicated, we did the following: We had a University car and we hired extra drivers, a male and a female, and that's an important legal consideration. Then, if it was a lady that was intoxicated the notion was that the female member of our team would drive her car home, leave the keys, and the male member of our team would follow in the university car and pick up our other driver and vice versa. As I recall there were no ladies that were driven home; there were some men. Generally people would not accept a ride and this does give your legal people some real problems. What happens if you let a drunk driver go? It may also give the roadside team some legal problems. You are opening yourself up to some liability in the event you can't get him to accept a ride.

In the way of anecdotal evidence in tying in Dick's observation about beer drinking, I was out two nights myself, and I happened to get a guy that blew .22. He'd been drinking beer for two days, and he said he had drunk about 32 bottles of beer that day. We ran a very rough check on his weight and time and such and we calculated about 26 bottles, so beer drinkers do get rather intoxicated. We dearly wanted him to accept our ride home and we did everything that we could. I couldn't get him to accept the ride home and I found out later why—he was going over to his girl friend's house and just didn't want anybody messing around with that.

So, we were not universally successful in getting people to accept these rides. On legal advice we did record the offer of a ride, the time that it was made and in that case, and in that case only, we wrote down the license number and the vehicle registration plate. In no case did we take personal data with respect to name, rank, and serial number of the people involved.

The Michigan State Police run a routine training program on Breathalyzers. We got one of their training people from the Michigan State Traffic Safety Center and he trained us in a matter of 6 to 8 hours, something like that. There were a few cases, on those locations where we were close to bars, that people had in fact been drinking within 20 minutes of the time that the Breathalyzer was given. They didn't blow the needle right off in any cases but I suspect, and we really haven't had a chance to do a really good postmortem on all these issues, that there are some over-readings because of that.

We did have a very brief questionnaire. If you're going to run people through in about five minutes, you've really got to go. We had two Breathalyzer instruments in a Winnebago motor home that were useful in going from site to site and in keeping people warm, because it's cold in March in Michigan. At times, when you get into a high density area, or in a low density area, when two cars happen to come along in a row you need them both, then you need the back-up instrument. Of course there are maintenance problems, and we did have some of those with respect to power and that sort of thing.

Our questionnaire had several branch points in it. One of which is "Do you drink?" If people said no, then we did not pursue drinking questions but we did give the

Breathalyzer. Then the next major branch point was "Have you been drinking today?" and, again, if they said "no," we didn't pursue that. If they said "yes," we went into as much depth as we could elicit on the nature of the drinking episode, when, where, why, how much, and so forth. Therefore, the interview time depended on the amount that a person had been drinking. This gentleman that blew .22 had been in seven different bars and he had literally been bar hopping all day long. That interview took about 20 minutes. Ordinarily, in particular in the early evening hours, we were running people through at from 3 to 5 minutes.

Charlotte-Mecklenburg Project Experiences

Richard B. Williams

We have some problems in the data base primarily in dealing with the large quantity of data that we are picking up out of the system. In addition to the roadside and household surveys, we have court data, medical examiner data, crash data, driver license tapes, and also the breathalyzer data. We've got a real big problem in name matching which I guess is obvious. The names that you pick up off the court records will not necessarily be the same as you pick up off the breathalyzer nor on the driver license tapes. We have no good way of matching. This gives us a big problem, but even more important is trying to bring this data down to manageable levels to make decisions with.

We're not worried at this point about sending all this data to Washington. We're worried about decisions at the local level. We have a lot of data and we're breaking it down, trying to summarize it into something meaningful that we can use on an operational basis. This is one of our problems.

We have a roadside survey that is conducted once a year on approximately 1,000 people. A household survey is conducted once a year with approximately 1,500 people. The court data is all court data related to alcohol-involved arrests, public drunkenness, drunk and disorderly, inebriates, anything that's alcohol involved. The medical examiner data is on all deaths in the county. We have all the crash data, the driver license data, which is a 13 year history, and the breathalyzer data, which is approximately 1,200 people a year.

We are taking the total driver license data, cutting out parts of it which are superfluous and coming down to a smaller manageable record that we can deal with. The driver license history we get from the State files on a tape. We go through the whole driver license file, not just the alcohol related part of the driver license file.

Question: Why did you use the entire county driver license files. Why not just the alcohol related cases?

Basically we want to build a file about driving and alcohol related charges or offenses. The alcohol related files are subfiles of the total files. Some people in the population, of course, will fall under the court system. We may pick them up eventually in a death, from the medical examiner or they may be in a crash file. One person could conceivably be in all five places.

Question: Could you explain your match problems again?

Our problem is matching names. The trouble is you go through the police records and most information is handwritten. This is also true in court records, unless you're in one of the more advanced States. For the most part these are all handwritten. If you have any unique identifier, use it. In North Carolina we just don't have it. We don't pay any attention to the license number, it's useless for name matching. You can only use that number in a driver license file. You can't pick it up anywhere else, and it's not the social security number. Moreover the license number is not on the breathalyzer records.

Evaluation Experiences and Relationships in the ASAP

Lyle Filkins

I thought I would spend a few minutes on four topics; what I perceive the evaluator needs from project management and the countermeasure operators - the police, the rehab people, whatever; what the evaluator can do for project management; some general comments about data; and some specific recommendations that I would offer for both project management and evaluators during these next few months.

What the evaluator needs from project management has been discussed before. I would say that the first thing is commitment, commitment to the concept of evaluation. This means that the project manager places as high priority on this phase of his activity as any other for which he is responsible.

The second thing evaluators need is support from the project management and the countermeasure operators with respect to (1) a clear-cut, concise, precise, delineation of the overall program objectives; (2) the overall program activities and operations that are designed to achieve these objectives; (3) the individual countermeasure objectives and sub-objectives, particularly including the perspectives, agreements, and so forth, of the countermeasure operators; (4) the individual countermeasure operations and activities designed to achieve these individual objectives and sub-objectives; and (5) on-going feedback from the project management and the countermeasure operators regarding the agreements that have been reached in items 1 through 4 above. They almost surely will change over a period of time, particularly during the first six months of the planning period, and it is absolutely essential to underscore, as Dr. Campbell said, that advance planning is necessary. The evaluators have got to be kept into the loop.

The evaluators also need support from the program management in getting countermeasure operators to generate, record, and supply data in a timely and suitable form. Another vital need is a clear-cut statement of what the program management and the countermeasure operators need and want from the management data system that I assume the evaluation specialist will be helping to create. What questions are to be asked and answered, how frequently, what level of detail, and so forth.

These sound easy on the surface. They are fairly easy to conceptualize, but they are hard to come by, and the evaluators really need detail if they are going to do the job that they are taken on board for. Finally, evaluators need dialogue between the program management and themselves so that the program management understands the problems that the evaluators have and can aid in overcoming some of those problems.

181

Then, what can the evaluators do for the program management? The first thing is help the program management and countermeasure operators formulate objectives and, in part, operating plans, procedures and activities. I emphasize "help," because in my view this is not the principal activity of the evaluation specialist, but on the other hand, without this clear-cut delineation of objectives, the evaluators are powerless to move very far forward.

Secondly, he can certainly develop an evaluator methodology, and this is his primary job. He can specify data needs and assist in the formulation of procedures for data collection, but probably not collect the data itself. The bulk of the data collection activity has got to fall on the shoulders of the people that are actually running the programs, the countermeasure operators. There obviously will be exceptions, but particularly for on-going data to be collected on people being processed through the system, the evaluator isn't going to be out there collecting needed evaluation data. That's going to be the job of the people operating the programs. He can provide on-going feedback to the program management and to the countermeasure operators to assist them in their program management functions and to assess current state of the countermeasure activities, with an eye to pinpointing possible areas of change.

We've emphasized data a bit, and these are the "that without which you can't do" insofar as evaluation goes. But having said that, I want to say that data are necessary but not sufficient. Poincaire said it this way, "Science is built up with facts as a house is with stones, but a collection of facts is no more a science than a heap of stones is a house." In the same way, once the data has been delivered to the evaluator, his job isn't done, it's just beginning. The tough part of evaluation activity comes in figuring out inferences—what is to be learned from the data at hand. Both project manager and evaluator will have had some ideas and, hopefully, some fairly definite ideas, about the questions to be answered before starting off and collecting data.

Nonetheless, these are innovative programs. The evaluation of them is innovative in that there aren't any real good models available in traffic safety or in some of the other social intervention programs so that we can say "Well, that's the way I want to do the job." The analysis, the inferences from the data are really tough work, the think work of the evaluation activity, but you can't even get that far if you can't get the data. That's why I am emphasizing this topic as a very important interface item for the project management to consider.

Now a few more specifics about data. Samuel Butler in 1912 observed that life is the art of drawing sufficient conclusions from insufficient premises. In 1971, I would observe that evaluation is the art of drawing sufficient inferences from insufficient data. Based on my experience, the data will be insufficient both with respect to quantity and quality. There are a number of reasons for this. Many times required data, particularly baseline data, just haven't been collected so there is nothing that any of us can really do about that.

There are some points, though, that if project management is aware of, they can help to ameliorate, if not solve. One is that the evaluator's resources that can be allocated to data collection are limited. This stuff costs money to get. It is expensive and there has to be a great deal of care in getting the right allocation of effort to data collection. There is no magic formula for this collection of data.

There are other reasons why the data are insufficient. There are problems of confidentiality. Finally, and, I think, the one that I would be most concerned with in that it's largely one that effective project management can help to solve, is the reluctance of countermeasure operators to collect the data. You've got quite a little clout, and although I don't think that clout is the right way to go about trying to force things in a contractual sense, I do think that effective salesmanship is necessary. The people who are going to be involved in the programs, the police, the judges, and so forth, should be

183

made aware that they are going to be asked to operate a little above and beyond their normal data collection procedures. I think that, particularly, is one area that project management can help in.

Then perhaps a little more pointedly to the evaluators themselves, I would move ASAP—and in this sense I mean as soon as possible, preferably in consultation with the program management and the countermeasure operators—to as firm a specification of program and countermeasure objectives as possible. Again, that sounds easy, but it is not easy to come by. If you can't get agreement in dialogue in these joint decisions regarding what the objectives of the overall program are and particularly individual countermeasures, then I'd go ahead and make up some. I'd postulate some, because I think that it is very important to get started. This is an iterative process and, in my view, it's most important to get through the first iteration rapidly, even recognizing that there are going to be certain inefficiencies caused by this iterative process. But I think that inefficiencies are in this case worthwhile.

Then I would define my measures of effectiveness. I would then define the data implied by the measures of effectiveness and then, and this is the point that all of this prior discussion is leading to, I'd conduct a fast reconnaissance of the data sources, specifically looking for perishability of data. There are some things you either get now or you don't get them—blood alcohol concentration on dead people is obviously one of them. You've got four or five days at the most to get a blood specimen. If you can't get the full BAC from a blood specimen, you can at least try to get the specimen. You may be able to get it in cold storage and get it analyzed later. That is the kind of thing that I would be aware of.

Then, baseline data. I hear that a six months planning period is called for. There are a lot of baseline things that should be collected. If you're just getting off the ground floor six months is not a very long time to go through all of the machinations that we had to go through in Michigan to get the local agreements to even collect the data. Baseline data implies that you want to get such data before the program starts, including household surveys.

There will undoubtedly have to be tradeoffs. In Washtenaw County, we had specified 17 target groups that we wanted to get baseline data on before the program started. We did insist, and both NHTSA and the local management went along with us, that for the household survey we'd hold off on the public information and education activities, but with the more select target groups, such as physicians and police, we finally decided we just couldn't wait any longer. They were already contaminated anyway. In this same perishability category of data, if you are going to use "before" and "after" evaluation methodologies, and I'm sure most of you will be, there are some things that need to be gotten right now. For instance, pre-sentence investigation information coming from the courts. Not all people remain in the system for an extended length of time, and so you get one crack at them to find out what you want to know about that person. I would look for this perishability of data and then take appropriate action based on what you find out.

Then another straightforward problem—purging practices. What agencies have the data, what are their standard operating procedures, if any, about disposing of it, how do they cut it out, how frequently, who do they cull out of their files?

In this initial reconnaissance, I would be concerned about form and format, file structure, and confidentiality. Langston Spell, who was mentioned earlier, has a format that he has been using on surveying data files and data sources and I'd get a copy of that from him. It'll save you a little time and key some of the right questions for you to be asking as you carry out the data reconnaissance.

And then finally, cost. Are these data free goods? If there are costs, what kinds of deals can you cut? I think the program support is strongly needed in this phase of the activity. I would also suggest that you ask yourself a key question as evaluators, "What can I do for these countermeasure operators either better, faster, or more efficiently that will induce his cooperation?" Many times they are sitting there doing hand tabulations, and if you ever get it on a machine you could crank his stuff out quickly and relatively efficiently. If you've got to have it anyway then you can make some trade-offs. Look for possibilities of trade-offs and then you've got a give and take position.

Then, obviously, you want to look for the match between the available data and the required data that you have earlier postulated in response to your measures of effectiveness. We have found that they don't overlap on a one-to-one basis. Sometimes you've either got to modify your measures of effectiveness or accept some alternative data. As an example, we wanted detailed diagnostic data coming out of the pre-sentence investigation for a variety of uses and our data collection sheet cramped the style of the court personnel that were making the initial contact with the defendant. They felt that to have to go through a questionnaire in a one, two, three fashion completely destroyed rapport. We were sympathetic with that and after a lot of haggling, we decided that we'd just have to give up on it. We went back and constructed a questionnaire that is now directed to the pre-sentence investigator to get his summary opinions about the results of the pre-sentence investigation. And then finally, this is an iterative, ongoing process and I strongly recommend that you get through the first loop of the reconnaissance of the data sources as rapidly as you can.

I would like to close on a philosophical note. It has been mentioned earlier that there is a good deal of darkness, if not about the magnitude of the drinking driver problem, then still about the exact nature of it. There is even a greater darkness about what countermeasures will be effective in alleviating it. I once heard that "tis better to light one candle than curse the darkness." I do feel that evaluation, even though it's going to be less than perfect, and I am confident from my experience that it is going to be less than perfect, is at least the tool that is available to all of us so that we can at least light one candle if not turn on all the flood lights.

ASAP Leaders' Experience Panel

Fred A. Wileman-Wisconsin
William B. Farr-Oregon
Lois Whitley-Colorado

Mr. Wileman is Assistant Professor in the Institute of Governmental Affairs of the University of Wisconsin Extension Program. He received both his B.B.A. and his law degree (J.D.) from the University of Wisconsin, and is a member of the Bar of Wisconsin. Prior to his work with the Alcohol Safety Action Project, he worked with educational programs in public administration for State and local government officials. Mr. Wileman's primary interest is law enforcement administration.

We'd like to talk to you a little while about management of ASAP's. Mine is the Wisconsin project and I remind you that Wisconsin leads the nation in per capita beer and brandy consumption. As a matter of fact, we consume more brandy in the State than the rest of the country put together.

I'd like to just mention one thing about the administration of the alcohol safety action program from where I sit. It seems to me that in order for an ASAP to succeed, we have to take advantage of expertise in some pretty complicated areas. Specifically, I feel that there are three areas in an ASAP. There are education, treatment, and control of human behavior. I'm using those terms in their broadest senses. If we're going to get expertise in any of those three areas, we've got to get specialists. Specialization leads normally to a narrowing of field of interest, so while I may have an expert in say education, it's unlikely that he knows anything whatsoever about treatment and control. The result of this is that when you put a bunch of these specialists together, you get kind of a triangle, three sides—education, treatment, and control.

If ASAP is to become a working program, one the community is capable of assuming eventually, my view of administration is that we have to change that triangle into, shall we say a circle, so that we can no longer tell where one of those three begins and the other one ends. That's philosophical. I don't know how you change a law enforcement specialist, a really expert law enforcement type, into someone who recognizes both the treatment and the educational side of this. I guess that's what we're trying to find out as we go on day-to-day. This leads quite obviously into what you do with a staff and how you get a staff and how you get them to a point where they may be willing to bend around the corners of the triangle.

Mr. Farr is Project Director of the Alcohol-Traffic Safety Project, Alcohol and Drug Section, Portland, Oregon. He was formerly Manager of the Pacific Northwest Bell Telephone Company, Portland, and Assistant Professor, Division of Continuing Education, Oregon State System of Higher Education. He received the B.S. degree and M.B.A. from Oregon State University.

I'm not sure that you're all too interested in our specific projects, but you might be interested in some of the problems we've run into, realizing that each of the projects are going to have different problems. At least the three of us, the times that we have got together with the other six original project directors, have been amazed at some of the common problems that we all seemed to run into. I made a list of general categories that I thought most of my problems ran into and the five that I came up with were: staff selection, coordination, publicity and public relations, and hierarchy.

I think with Fred's introduction I'll start at the top. I think the biggest problem is getting things off the ground in six months. Now I was here this afternoon, and I listened to most of the project directors give a brief talk about their project, the way it was progressing, plan, and things sound great. Maybe you people aren't going to have some of the problems that I personally did or that we collectively did. Some of you sound like you are pretty much stepping into something where you already have something going. You have an organization that you're going to fit in with and I think this is fine.

In my case there was an entirely new organization. We had to build it from the ground up. Where you take on an assignment like this, in six months you have initial problems. You've got some very mundane things to take care of. You've got to rent an office, you've got to make arrangements for telephones, furniture, equipment, supplies, and these are things that, everybody says, "Oh sure, I know that," but the thing that you don't realize is that you are starting from zero. There's just one person to do all that.

The day that it occurred to me, that I had more of a problem than I had suspected, was when I was still with the ASAP project in Oregon, sitting in a borrowed office, with a borrowed desk, working on a lot of things that I thought were important, like the initial negotiation of sub-contracts and trying to get people hired. A high school junior showed up and knocked on the door and said, "Gee, I've been assigned a paper to do and I want to do it on drunk driving in the State of Oregon, and I've asked a couple of people and they referred me here."

When you're faced with something like that you really only have one of two choices. Either, when you're alone, you stop doing everything else and spend the afternoon getting information to talk to this kid, or you tell them to go away. I think the choice is obvious. What happened is that even though you do have a lot of things that you'd like to spend some time working on, it's you or nothing, you're the only one, and so even though that might not be the highest thing on your priority, your afternoon is shot.

In talking with Lois Whitley, I know that she had some of these same problems that I did with hiring a staff. This is because we are both affiliated with the State. We've got Civil Service requirements. The fact that we've got a proposal that was approved by DOT with the Mental Health Division, which is who I'm with, really didn't make a bit of difference to Civil Service. It didn't make any difference if DOT was willing to pay the salaries that were in there or the number of people that were in the proposal.

We had to go through the whole thing again and talk to Civil Service about it. When someone walks in that is qualified for the position you have, first they have to go down and take the test, then they have to have the test scored, which seems to take a couple of weeks. Then the Civil Service Commission has to type up the list and send it to you, which seems to take another month. Then you find that your candidate is way down on the list and you have to figure out a way to get him hired.

Mrs. Whitley has been a member of the staff of the Alcoholism and Drug Dependence Division of the Colorado Department of Health since 1966. She has also been Health Education Consultant to the Illinois Department of Health, and worked in the Health Education Section of the Colorado Department of Health. She received a B.A. degree from Washington University, St. Louis and a M.P.H. degree from Yale University. She also attended the Rutgers School on Alcohol Studies. Mrs. Whitley has worked with the Denver County Court in developing and directing a course on alcohol problems and helped set up the Antabuse Treatment Release Program.

I think I should say here that we represent three different kinds of projects. In one sense Bill Farr and I share the same problem, because we both represent, basically State agencies and have to battle with Civil Service. Fred Wileman is working in a university and his problems of hiring are not quite so difficult. Wherever you are based, none of the ASAP's are going to be exactly alike.

In Denver my largest problem was a community organization problem. The Denver project involved four counties, which means 15 police jurisdictions, 13 municipalities, four county courts, probation departments, numerous state agencies, and dozens of treatment facilities. I had to take about six months to organize the community to be happy with ASAP and we call it DASAP. They are happy with it now only because it took a great deal of time. Maybe we ought to open up the conversation to you.

Question: I'm afraid of this coordination item. We've talked now about geometric analogies, and if we want to talk about a geometric analogy, let's just look at the circle and start over here and say that this is enforcement, and we come around to the judicial procedure, and come around to the treatment and correction procedure, and then hope that the circle is continuous, but everything along that circle is more or less, as I conceive it right now, interdependent. There are formidable relationships and right now I'm scared to death that if any major component of a coherent system collapses, it doesn't collapse alone, it brings the whole system down.

Answer — Whitley: This is why I said you have to do a thorough job of community organization. You start with the arrest. In my case, I had to convince 16 police jurisdictions that it was a good idea. I didn't have very much money so that half the population with different city and county interests had to agree to do it for no reimbursement for special patrol. We are paying the city and county of Denver nothing for special patrol and in spite of it, they have increased the arrests threefold.

Question: That's a formidable problem to be certain but if you've got 10 of them and you don't have six of them, still the circle is going to continue, people are going to be arrested, and there will be a court procedure and there will be an anti-recidivision effort. Say you don't have that problem you've just got one police force, and say something happens at the judicial level. What does this do to the bottleneck of cases coming in through enforcement and to the people waiting over there in the medical and social services section?

Answer — Wileman: I think your worry is a very real one. The basic problem is that you have to make sure the entry point, the intake point, in your system functions. I don't know what to do if law enforcement agencies won't make arrests. You can take away the subcontracts, but that's the ultimate, and I'm speaking very realistically. The thing that I've observed in the criminal justice system, if you want to use your hypothetical proposition of the court breaking down in an interdependent system, is that the criminal justice system generates its own momentum and what you have to have is an arrest. There is no way you can really break down at that point, because all you have to do is point out to the judge or prosecutor, he's got a tremendous backlog and he's not doing anything with it. There is no way the prosecutor and judges can get reappointed and reelected if they won't do something. This is the basic rule of the criminal system, he has to do something.

Question: They will handle the cases because that is a self-perpetuating thing, but we're going to come to our traffic court judges and say, "Listen, you're going to have to handle the DWI cases in a different manner than you've been handling them for 20 years, and the manner you're going to handle them is going to be far more complicated and you're going to have to re-educate yourself." Somewhere along the line they may say, "Well, look, this is a lot of nonsense!"

Answer — Wileman: I'd suggest that you begin by saying, "You're going to have to help us find a way to handle these in a different way."

Answer — Farr: This is one of the things that I think all of us found out pretty quickly in working with the courts. If you want to get the courts to change and do something differently, you're going to have to work with the judge. I don't think there is any way you can go to a court administrator and convince him of your program and then have him walk in and tell the judges this is how they are going to do something differently. Those of you that are just starting out can believe me or not believe me, but I think you'd save a lot of time by getting tied in with a real good judge to begin with.

In Portland this is how I spent my first month. Before anybody knew who I was, I went down and observed in all the traffic courts. I observed all the different judges, talked to lawyers, things like this, and said, "OK, if we're going to make this thing go, and I'm going to work through the judge, which one should it be?" The choice was pretty obvious and so that is the fellow that I approached. That's the fellow that I got appointed by the Mayor to be the coordinator for the court program, and that's where we started. I think if I had worked with any other judge in the municipal court I would have had a lot more problems, and I suspect that this is pretty much or pretty similar throughout the Nation. Use a great deal of care in who your initial contacts are with when it comes to actually figuring out how you're going to do things.

Question: I'd like the panel members to make a little comparison verbally of how you stand now with the courts, and what your opinion is now of your project's court involvement, compared with your apprehension many months ago when you first started out and, hopefully, your answer will be a little bit encouraging.

Answer — Wileman: We're kind of up here as living examples of the fact that you can stay alive and make an ASAP function in the United States. ASAP can be done, and I firmly believe that you can do something about this tremendous social problem. For myself, I was scared to death of the two judges with whom I had to deal. Fortunately we've convicted everybody but one guy who has come before the judge who scares me most, so as long as I'm not in front of him, he's all right. Both of them have come a long way since we started working with them and I think most of my apprehension is gone.

Answer — Whitley: It's a re-education process for the judges but you don't go to a judge and say, "Now you have to do it this way because this is the new way, this is the ASAP way." The judges are autonomous. You have to approach them, you almost woo the judges. You meet with them regularly, you educate them on a regular basis, you ask them to help you, you try to convince them that the person who is the problem drinker is the one that is causing all the fatalities, or a third of them or half of them, depending on where you live. You don't tell them anything, at least I haven't been able to tell them anything. We have made tremendous strides with 16 judges in the Denver metropolitan area.

Answer — Farr: I think things have worked out much better than I was afraid they might a year ago. I think it is important to get in with the judge and I think the other thing is, when you want to talk to a particular judge, have your buddy the judge do it rather than you going and doing it. If you're not getting cooperation from the judge, I think you'd be far better off to have one of his peers talk to him, to carry our message to him.

Question: How about the use of your city or county attorney as a buffer?

Answer — Farr: I think that another judge will get you further than the city attorney, at least from my experience. I found that because of their experience in dismissing cases, denying set-overs, or one thing or another, or activities in court, sometimes the city attorney is not the best person to go to the judge if they want something changed. I really feel very strongly that whenever you want a judge to do something different, you're way ahead if you can get one of his peers to talk to him.

I'd like to make two general comments, because I'm afraid we might not get back to them. If I were starting out again and I could remember two things, that I think would do me more good than anything else, the first would be not to promise too much to begin. I think that this is important to get right. We started out with an idea that we could do everything that we told the people we could. We were forced into cutting some things out. If you start out and say we can do this much and you find out you can in reality do a lot more, it scores points for you.

If you go to a lot of agencies and say we're going to involve all of you, these are all the things that we're going to do, this is how much time we can spend, this is the number of people that we are going to be able to provide you, it's only natural and human then that they count on that as being done. If things don't work out like you said, if you say rather than getting you three people, I'm only going to be able to get two, they don't look at it from the standpoint of adding two people they look at it from the standpoint that they have lost one because you told them they could have three to begin with. That would be the first thing.

The other thing, and maybe even more important, is that an ASAP should not be all things to all people. I think rightfully so, you've got a lot of people that think they're overworked, that they are not getting credit for what they are doing, they're putting in long hours and now here comes all this Federal money that your publicity people and your public relations people and you personally have gone out of your way and gotten a lot of publicity on, and here's all this money coming in to take care of this problem.

The second natural reaction people have is saying,“Gee all these years I've been doing some of these good things out of my own time or out of my own pocket and now here's my chance to get reimbursed for it.” You may agree, “Gee, this guy really has knocked himself out and done a lot of good work, and I'd like to be able to pay him for it.” But if you get into that ball game, what you're doing is pouring a lot of money in to do nothing more than collect more extensive data on things that are already going on. DOT, being as this is all new money, has a very legitimate complaint saying nothing new is happening. You're just collecting better and more data on it.

I think in most every agency I've dealt with, this problem has come up at one time or another. This has been referred to as padding the payroll. That's not quite the way I look at it but I've found that a lot of people, I don't think they're being sneaky about it, but I think probably they have been doing things and feel that it would be nice if they could get paid for it. Once you get into that, you have a horrible time getting out. You have to kind of draw the line and say, "We are well financed, we can do a lot of things that haven't happened before, but we can't simply pay you for things that you have been doing for the past three or four years, or 10 years."

Question: Can you tell us some of the positive things that you've done right, collectively, as opposed to the problems you have?

Answer — Wileman: Let me try to go from something general to something very specific here in response to that. Since we've talked so much about the criminal justice system here, I'd select two things here out of our experience. I taught for five or six years. I taught about selective enforcement and I found, in the five months that we've got data on, that selective enforcement works, it really works. You put the men out at the times and places where they ought to be and they'll get you all kinds of arrests. That's positive, I hope. We're tripling our arrest rate just by adding a very few officers.

Secondly, and this follows directly from it, in line with what we talked out a moment before, is that a good prosecutor—a man who when he's got a good case he wants to win it, and when he doesn't he won't bring it—is invaluable. We have a prosecutor right now who has won 65 out of 66 cases including jury trials below the presumptive level. So I urge you if you want to get an intake built up make sure that selective enforcement is working and you get good prosecutors to back up the selective enforcement. I think you get something going in a big hurry.

Answer — Whitley: I have several positive things to say. One of our small communities outside of Denver, where we provided two policemen, plus a supervisor, increased their patrols from 9 PM and 2 AM, doubled them, so that at that time, this tiny community had 17 patrol cars out. Not only did they increase their DWI arrests, but as of the first of June they decreased the prime rate across the board of 40% and to us, this is the significant thing in itself. It's an impetus, it gives them an opportunity to look at their interior problems and to look at their own management problems, and many times they come up with their own solutions.

There are two other points that I would like to make. One, I think it's a big mistake for an ASAP to take over something that should be done by another agency. If an agency is already in contact with the drinking driver, they should continue. Why should you subsidize something that they are able to do themselves? It only makes it harder for them three years from now to pick up this job for themselves. In the Denver area, because we have such a large population and such a minimum amount of money, that is one of the first things we determined. We would not reimburse for any services they could do themselves. We would encourage them to look at their own management and encourage them to improve their management and it has worked very well.

I think the other thing is that you can mobilize the community behind you, with your mass media. It's invaluable. In the last month we have had tremendous press coverage because the Denver Post, which serves the Rocky Mountain area, decided to do some in-depth articles. Now we have the television stations doing in-depth articles, the radio stations doing in-depth articles, they all want to compete with one another. You find this within police jurisdictions, they are competing with one another, whoever can chalk up the most DWI arrests. This is great, so really there is a tremendous payoff and once you get something off the ground, you just can't help but move forward.

Question: I'd like to have you get more specific when you talk about gaining cooperation of the local judiciary. What are the most persuasive and convincing arguments that you could present to the judge to gain his cooperation?

Answer — Wileman: Probation was something new. Pre-sentence investigations were totally unheard of in traffic courts in Wisconsin, and I suspect in most of the other cases. I think what will convince a judge lots of times is that you hope to do something that will keep the same guy from coming back in front of him every year. My thoughts, when

I think of the problems of the judiciary, are not so much with the post-conviction handling of a person or his approach to the fact that he's got a case that he's got to try. I have a judge who has thrown out people who test out at .22 blood alcohol level concentrations. He throws the case out. He doesn't acquit them, he dismisses when their behavior looks all right to him.

We don't have to reeducate, we have to educate from the beginning, and I think the only way we have been successful in reaching this man is by taking my other judge, and getting him to sit down with the defense-minded judge, and maybe we'll get a compromise and at least get rid of the bad cases. Nobody with .22 blood alcohol concentrations on a legitimate test ought to ever have a case dismissed against him. That's what I view specifically as a problem with the judiciary, and for me to tell the judge that he is wrong would just get us no place. A judge has to tell him he's wrong, then he starts listening and you've got his attention.

Answer — Farr: Let me respond to that just very briefly. In Portland we're going to have pre-sentence investigation of everybody convicted of drunk driving. That compares with the past few years where they had pre-sentence investigations of only about 5% of the people convicted of drunk driving and, of course, immediately what we've done then, is created at least another court appearance for everyone who is convicted. In a small locality or someplace where they weren't arresting many drunk drivers, maybe that wouldn't be much of a change. The first year in Portland will probably get us something close to 3,000.

You have to do a pretty good job in selling the judge and the way that we did it was to start by convincing him that when he does find a fellow guilty, you can't look at him and tell whether or not he is a problem drinker, that if the guy is falling down drunk and has had 12 DWI arrests or something like this, you've probably got a pretty good idea that he is, but that a lot of people get arrested for the first time and convicted on drunk driving. If you can go in and do a pre-sentence investigation, take a look at their record, give them some tests, and have them interviewed, you'll find that they are already problem drinkers, if not alcoholics. What we've been able to do is convince the judges that professionals can do that much better or much more reliably than the judge can, sitting on the bench and looking at the guy, and in five minutes deciding whether he is a problem drinker.

Question: Are any of your projects paying the judge's salary?

Answer — Farr: Although the project itself doesn't have anything to do with paying the judge's salary, we have a 402 project dovetailed in with it. One of the things they included is the salary of two additional judges to hear nothing but drunk driving cases. Also, because of the increased enforcement, and because of the fact the attorneys take a lot more time to process these people, we've increased both the parole and probation department and the prosecuting department.

One of the current problems in Oregon, is that they just completed a very, very active session of the legislature, as far as traffic safety and drunk driving is concerned. We were very happy with almost everything they did including reducing the presumptive level to .10. One of the things they did was abolish the municipal court, which the judges and judicial people were very happy about. It's a good move on their part but the problem that it presents for me is that my contract is with the city of Portland and the municipal court. As of the first of January there isn't any, so it's going to mean we have to go back to the subcontract negotiations and probably declare that contract null and void and draw up one with the district court.

Answer — Whitley: I think they have to start before you get to court. You've got to build your case. You've got to get good evidence. We're not necessarily doing very much to pay for these services, but we are certainly supplying special equipment to get the very best case possible so that the DA can get a prosecution. If it is at all possible to get a conviction, the DA will not allow a plea down. You must build a good case, and your judges will convict.

Question: Could you talk about your control city for the Portland Project?

Answer — Farr: I can talk about it in generalities. Our control city in Oregon is the city of Salem. Our project includes the city of Portland and the cities of Eugene and Springfield in Wayne County. That doesn't sound like a statewide project until you consider that half of all the people live in the metropolitan area of Portland and about another 15% live within 15 miles of Eugene. Even though we're only two locations, we include about two-thirds of the people in the State. About the extent of what I can say is all of our baseline data, including the survey, was run in all three cities and we've compared them demographically nearly every measure we can and the results of the sample and compared it with the census information.

Question: What criteria do you use for identifying individuals as problem drinkers?

Answer — Farr: A lot of the projects use the DOT definition. We don't do that entirely. We set up at least a two-tiered process that they go through. The first thing they go through is screening by parole and probation people, and this is almost a mechanical thing. We developed a form, I hesitate to say it is the greatest because we haven't had enough people through to check to see if it is doing what it really should do yet, but the form is designed to eliminate false positives. Anybody the form sends over, we have a good reason to suspect is a problem drinker. Then the people on my staff do a more complete pre-sentence investigation which includes things like the Jackson, the MMPI, driver attitudes scales, interview of the individuals, they go out and do field work, talk to the family, employer, and so forth, and then reach what we call a PD evaluation. We went to a lot of trouble convincing the judge that this was necessary. They had to take time on some of these borderline cases and do a lot of things like the field work and all this. We convinced them primarily, with the help of the national statistics about the seven percent of drivers that are problem drinkers, and are involved in crashes that kill 33% each year on the highways. Now we say we are going to do something about this.

One of the problems that we get into is when you go back to a judge and say, "We know that all these people are problem drinkers, now what we've got to do is set up a control group," and they ask what you mean by that. You say, "Well, there is going to be a certain percentage of these people whom we know are problem drinkers are the same ones who are out killing people, and are the reason for this program. Now we don't want you to sentence, we want you to handle those in the same way we told you hasn't been working." This is one reason you want to have your evaluators in from the beginning, though I think it's going to make it more difficult to convince the judges if they all want to really get into the thing.

This is a problem that goes along with the concept that although these are demonstration projects, one thing we want to demonstrate is that there is a much more effective way of dealing with the problem than what you have been doing, and I don't know of any way of doing that without some sort of control group.

Project Directors Description of New ASAPs[1]

Michael Edens
Columbia, South Carolina

The prime contractor in Columbia is the South Carolina Commission on Alcoholism. They prepared the initial proposal in December and I came on board in March. I had been, for two years, Assistant Director to the State Law Enforcement Assistance program which was part of the National LEAA program.

My most pressing problem right now is that we want to try to establish one single court in Richland County to handle all the first offense DWI cases. Presently we have 16 jurisdictions that all have exclusive jurisdiction in their defined geographical limits for first offense DWIs, and as limited as Federal and local funds are, you can see the problems that we have trying to provide any treatment alternative to these drinking problem drivers. The progress that has been made on that is, that I need to find out whether or not the legislation will be introduced this week.

I think we will get our court. If we do, this would be the first step in a total traffic court for all of Richland County which will take time, contingent on the success of the ASAP efforts in Richland County. Basically we plan to increase our enforcement countermeasure by adding personnel and equipment. Also we are going to add some treatment personnel and a massive public education information countermeasure.

---

[1] Time limitations precluded presentations by all 20 project directors.

193

Ernest Brians
Little Rock, Arkansas

A little bit about myself: My background has been in the area of law enforcement, some 28 years in law enforcement; retired about two years ago as Chief of Police, City of Little Rock.

There are a few unique features in the Pulaski County project. I'm sure each of your projects will have some of these features. One, our project is developed around the prime contractor who is the Governor's Representative for Highway Safety, thus tying together the many aspects of highway safety. We're doing this in our project in that we're developing around both 402 and 403 funds.

A little bit of background about the project. It's a county-wide project encompassing actually, State government and three municipal governments in the area of law enforcement, plus the county government and in the area of courts, basically, 4 municipal governments each with county-wide jurisdiction. As such we've tied together both the urban and rural areas in a county-wide project. We would expect in this project to add to the enforcement element by some 28 officers working directly in ASAP areas.

We would expect to strengthen the court process through, for the first time, providing probation officers to the traffic courts. This is something we have not had in past years and there has been a tremendous need in the court for such.

We have basically seven countermeasure areas. These areas fall pretty much within the general areas of each of the other projects. We are at the point now where our proposal has been signed by the local people and has been forwarded to the Washington Office and we are anxiously waiting an announcement there.

What we would expect to do in police manpower is utilize existing personnel but require that these be replaced with new personnel in the respective agency. In other words we didn't want to get into a situation where they were putting new officers in a project of this significance. What we would expect to do is simply contract with, or bargain with, the individual jurisdictions to provide x number of officers per jurisdiction, depending upon the area, size, need, and what have you, but require each of those agencies to add to their force the number of officers. What we had to do is, out of the 28 officers we are funding about 16 officers under 403 funds with 12 under 402 funds, the latter basically covering given levels of jurisdiction, for example, State Police, Pulaski County Sheriff's Office, splitting them up.

There are several rather interesting and unique features regarding training. As police departments run county-wide you have larger and smaller departments, with your larger departments having a higher level of training. What we expect to do is handle training of all personnel at the State training academy level, both those new officers in the various agencies and those selected to receive training for project purposes.

Dr. Roger E. Hagen
South Dakota

The South Dakota ASAP is housed primarily in the Department of Highways. We're in the unique position of having the Governor's Safety Representative being the actual prime contracting agency for the ASAP, so we don't have the typical split existing between State and municipality. We are a little unique in the fact that we are State-wide and we are trying to handle multiple law enforcement, multiple courts, ranging from tribal courts all the way to the Supreme Court.

In law enforcement, we're ranging from the tribal police all the way to our Highway Patrol and, needless to say, it is creating a few problems in itself. It's a matter of getting people talking to themselves. We are essentially taking a three-pronged approach under the overall countermeasure system. We're concentrating our efforts, first of all on law enforcement and driver control. This is a matter of providing additional manpower and equipment to the various law enforcement agencies in some of our larger municipalities. These are only token supports, but we're getting an overall departmental increase in selective enforcement out of this type of support. We are providing breathalyzer equipment for various areas throughout the State that are located too far away from the highway patrol district headquarters, and I'm talking in the neighborhood of 150 miles to the nearest district headquarters.

The second area involves decision and treatment processes. We'll be providing court workers to work out in the field on pre-sentence investigations and on sentence compliance. We have to do this because right now, in our probation and parole department, we have 10 men trying to handle the full State area. We're going to give them additional support of another 16 individuals that will center just on problem drinking driver cases.

The third area involves public information and education. We'll be using a massive public information and education campaign, ranging from driver education to adult improvement courses, for problem drinker drivers and also education of all the court systems and all the police departments ranging from one-man departments up to the larger forces. Basically this is what we intend on doing. We've got local evaluation involved right from the start so we've tried to build in as tight an evaluation system as we possibly can at this point.

Don Nugent
Lincoln, Nebraska

A little bit about our planning activities. We started quite late, in that we didn't find out about the ASAP projects until perhaps three or four weeks at the most before, but we were able to get a program together through concentrated community efforts. We already had an Advisory Committee existing. We already had planned many of these activities previous to the time that we even had the ASAP project in mind. The Police Department had been using selective enforcement. They had tried it out on a pilot basis. Courts had been using court re-education programs. This was before we had even heard about ASAP. So many of these programs were actually going on that it was much easier to get the program going.

The managing agency is the city of Lincoln, and we're lucky in that we were made a department within the city government. We are a city department directly under the Mayor's office, and because of this I don't have to go beg departments for their support. I would say this has been the most helpful thing to me as a Project Director. I don't have to go around and ask for favors. I can ask the Mayor and he sends a memo out that you will do such and such.

As far as our countermeasure areas, we selected six. First, Legislation and Regulatory, this is in regard to licensing and also legislation. We have been quite active, even recently, in regard to legislation with the help of the Office of Alcohol Countermeasures. We had the people from DOT come out and put on a demonstration project. We convinced the legislature, and we did this before the legislature, that not only the pre-arrest breath test was a good idea, but that the Implied Consent was a good idea and also we added to this a .10 law in that you no longer have to prove intoxication, you can be guilty of a .10 *period*. You can be arrested and charged. This law which is quite comprehensive will go into effect August 27th.

In the area of courts and judicial which is our second countermeasure area, we are adding pre-sentence investigators to our courts program. We are also continuing with a follow-up program that was already started by the courts. We have a series of about three or four court classes that we programmed for. Two of these court classes were already in existence prior to our program. In fact, they have had one of these programs for eight years. In regard to education of the judges and the probation department, we're in a very good position because they have been involved for a long period of time.

In terms of education and training, which we identified as a countermeasure area, we want to have special training for target groups such as any group that would come into contact with a problem drinker and be more apt to identify the problem drinker ranging from marriage counselors, to lawyers, the medical profession, and so forth.

In law enforcement we are adding six patrolmen and a countermeasure sergeant, who will direct the activities of these patrolmen. Recently we've also been experimenting with the use of a helicopter which the police department has funded. We've found we've been able to pick up twice as many drunk drivers through the use of the helicopter than by using patrol cars. We use the copter usually from 12:30 to 2:30 in the morning. We don't let them know when we're going up, but both day and night it's much easier to spot the drunk driver from the air. We can cover the entire city in the two and a half hour period, a total of 16 times. They're identified by the weaving, the speeding, the slowing down, going through stop signs, hesitating when they see the helicopter. If it's at night they shut their lights off and pull over, which is a give-away. One evening we picked up six or seven drunk drivers in a period of two hours from the air.

They are leasing the helicopters. They're up in the air about 22 hours a week. We figured it might even be cheaper than cruiser cars. The helicopter works with a ground patrol and stays above the car until the ground patrol comes. It works quite effectively. We ran across it by accident; it wasn't something we had planned. The helicopter is being funded through the Omnibus Crime Bill and will continue to be funded through them, but we can also utilize it, and with our increased selective enforcement on the ground we feel we should be able to increase the arrest rate.

We have public information as a countermeasure area and we're working up quite a program in regard to that. We proposed a national debate issue for all high schools and colleges for the year 1972. We felt since a topic will be selected next year, we would like it to be an alcohol safety related issue. This would mean that all high schools and colleges throughout the United States would say, "Be it resolved that we adopt the British system of alcohol safety," or something like this. They are considering it by the way, and they have put it into the bundle with five other topics and will be selecting, so any letters of support or encouragement that you could send regarding this would be helpful. Write to High School Committee on Discussion and Debate, Rm. 68-Prince Lucien Campbell, University of Oregon, Eugene, Oregon 97403, and ask that this be put in the hopper for this topic.

The last area we have is rehabilitation and intervention. We've been quite fortunate here in that we got the community to fund both a crisis intervention center and an in-patient/out-patient treatment program. We will have a 32-bed unit with a follow-up patient program for two years which coincides with our probation department expectations of two years.

I think the main problem I've had is trying to keep people in the community and in city government focusing upon the objectives of ASAP. They like to confuse it with all sorts of other things. They've also wanted to pad existing budgets with ASAP money. This has been a problem which I've tried to respond to very directly, that we are not out to pad budgets; "we are developing subcontracts with you people and if you do not fulfill these, forget it, we're not here to pad your budget." The other problem is changing the public attitude.

I forgot to mention, we did submit a grant to HEW. They have direct grants that have been developed for the ASAP projects for treatment, and we submitted a grant. The last deadline was June 1st. The next one I believe is in October. We submitted a grant for $130,000 a year which will be funded by HEW, in coordination with DOT, to provide for treatment elements.

Ken Langland
San Antonio, Texas

Our program in San Antonio is pretty much a county wide program although the city is the prime contractor. Within the city our program comes under Human Resources. San Antonio is a city of about 800,000 and, as such, occupies pretty much all of the county, although we do have seven enforcement, or political, areas you might say, within the city. What makes it different from a number of other cities is the fact we also have five military bases. The local municipality really has no jurisdiction on the military bases. One thing that is different, we do have a county court system that covers all of our DWI trials. We don't have a mixture of jurisdictional areas.

Our single most pressing problem will be the courts within Bear County. We feel that once we can establish a judicial procedure in the county, a number of our problems will be culminated. I'm not sure whether enforcement really is the thing we want to build up at the moment. We'd like to build up our court systems so that they will be able to cope with the excessive case loads they now have. We're only getting 7% final convictions in Bear County. That's out of 1500 arrests last year.

We have a Misdemeanor Act in the State of Texas and, as such, DWI comes under the county court system and not the municipality. The municipality will handle normal moving traffic violations, but DWI goes to the county courts. When a man is arrested for DWI, charged, and goes before the court, he may plead guilty and in turn request probation. About 95% of the time the judge is going to give him probation. If he serves three, four, or five months probation satisfactorily the record is wiped clean; there is no conviction, there is no way to go back and find out if this fellow was a two-time or three-time loser under the probation system. It is only when he is final convicted and once he is final convicted, of course, you have an established record that winds its way all the way to the State Department of Public Safety.

With respect to our State laws, we've had the dubious honor of being the last State in the Union, in passing the presumptive limit law, and of course we have the implied consent law that applies to refusing the breathalyzer test. In that respect, I might say that our percentage runs 30 to 33% refusals according to the record for the last 13 months since we've had this law. One other point here that I might add: The State of Texas is a little different from others in that most of our counties are dry. The DWI problem in the State of Texas seems to center itself around the large cities which are not dry, El Paso, Dallas, Houston, and of course San Antonio. San Antonio is not the worst city in the State as far as the number of DWI related license suspensions is concerned. It's only second worst.

As a participant at this meeting here at Airlie House, one of the things that I was looking for, and it came out before our meeting, was the Director's Handbook. The second thing that I was looking for was an outline of a plan that we would take a look at with respect to the next six months. The exchange of ideas, of course, is always a helpful thing. Last, but certainly not least, I'm looking forward to hearing the man on public education and I think your newsletter exhcange is a good one.

Barent Landstreet
Fairfax County, Virginia

I think we got into our program in a rather unusual way. Northern Virginia which has a population of, I suppose, around three-quarters of a million people all together and is part of the Washington, D.C. metropolitan area, had a lower conviction rate of DWI than the city of Waynesboro, Virginia, which has 17,000 people. This raised the question of what was happening here. We don't know yet what is happening but we're going to try to find out. We have a population of roughly 400,000 people in the area covered by the project—the county, two independent cities and two towns, five police jurisdictions, five court jurisdictions, and a few other odd things. We have a very, very high traffic density. The City of Fairfax, which is right in the center of the county, in 1968 clocked 4,000,000 vehicles passing through the center of town and this has increased probably by 50% since then.

The project is being sponsored by the Virginia Highway Safety Division which is in the Office of the Governor. We propose to undertake four countermeasures—the police countermeasure, judicial countermeasure, rehabilitation treatment countermeasure, and a public information and education countermeasure. I would say our main problem at this point, as it seems now, is to establish a feasible and creditable rehabilitation and treatment program that can be described and defined and understood. We feel if this can be done, the judges (four county and four municipal) will go along and support the project. If the eight judges are in support of the project, the prosecutor's office will be in support of the project, and if the prosecutor's office is in support, all of the police jurisdictions will be in support.

198

Now we have police here—485 in the county, another 150 in the towns—all highly professional, all quite sophisticated, well-equipped and well-trained. We have a very peculiar court system. In Virginia we have independent cities which kind of secede politically from the counties but stay geographically within them. They have autonomy within their own areas, municipal courts and prosecutors; police jurisdictions, and so forth. So we have a kind of conglomerate of which the county has supersedence in felony cases, but practically all DWI cases will be heard by any one of the four county judges or four municipal judges, depending on where the arrest was made.

We have had some difficulties with the prosecutor's office (which in Virginia is called the Commonwealth Attorney), and the judges because of the very, very highly restrictive Virginia law. We have a presumptive intoxication level of .15 and an impairment level of .10. We have an implied consent law but we have automatic revocation of license for one year by the Department of Motor Vehicles on any DWI conviction. The judges have no discretion whatsoever on revocation of licenses and consequently there is a reluctance on the part of the courts and the prosecutors to press DWI charges. In many cases they do some plea bargaining and come back on lesser charges. This is one of the real problems we have because this means that a first offender with no record of any kind, who may be entirely dependent on his automobile for his daily living and a family of seven or eight kids, can lose his license for 12 months without any discretion by the court.

Now what we're trying to develop is a system within this framework so we can refer through the court probation services, DWI cases with seeming alcoholism problems[1] for analysis and consultation at mental health facilities. We have two treatment resources in the county. The State Department of Health which operates a Bureau of Alcohol and Drug Studies and Rehabilitation, has a clinic in the area. The State Department of Mental Health has a large mental health center in the area. We have a very large metropolitan-size hospital which is in the process of setting up a CCCA, a Comprehensive Community Center for Alcoholism. This is a resource not being funded by ASAP, and would handle all kinds of alcoholism. They are in the process of trying to get a grant from NIMH for staffing of this center. In working with this kind of complex, we are having some difficulty defining what a rehabilitation treatment center program would be and until this can be defined, I think we are going to have some difficulty as far as the judges and prosecutors are concerned. We have no problem with the police. Everybody's all for this, but it's a question of how we're going to do it. This is about where we stand.

We do have one thing that is a little unique from all the other projects that are in being or will be around the country. We have more staff members of the National Highway Traffic Safety Administration living in our jurisdiction than any other ASAP in the country.

---

[1] Offenders who do not seem to have alcoholism problems would be referred to a Driver Improvement School oriented to the drinking driver.

Robert Boos

Kansas City, Missouri

We have a lot of fun with my name in this project. The project agency is the City of Kansas City, Missouri. We have what we feel are several unique approaches to some of the problems. I won't go into details of the countermeasures other than to say we probably run the gamut of the whole bag of countermeasures, so to speak.

We plan to conduct what we call a recovered alcoholic survey. We know we have at least 25,000 alcoholics in the greater Kansas City area. We've got a pool of recovered alcoholics through the results of a very active group of social agencies and probably the most active council on alcoholism in the country. We want to ask some recovered alcoholics that have beaten the system for a number of years, what their experiences were. What do they think of ASAP, what do they think of countermeasures, from their experience as a true recovered alcoholic. What was their driving experience? How did they get by without a license? Did they get arrested or didn't they? What do they think about the project?

We're hoping to utilize the information in two ways. One is in structuring some of our thinking in terms of countermeasure activity. Secondly, we'll take a hundred of these that look good, develop some kind of good PR material, hopefully, and some people that we can utilize in the community, that we think will be a very effective testimony as to the problem drinker, the problem drinking driver problem.

We have a great deal of faith, and it is faith at this point, that an Antabuse program can be very effective. We intend to push this rather hard on a voluntary court referral basis. We have researched it pretty thoroughly. We know the pitfalls, we know the arguments. We still feel strongly that we want to take a good shot at Antabuse and we will be pressing it quite a bit on a voluntary court referral basis.

Community relations, only one observation, perhaps not greatly significant, but we are taking a little different twist here. I'm an ex-city manager, one of those that likes to keep control with my management responsibilities. We've ended up with a community relation approach within which we will subcontract to a professional agency, but we are asking that the community relations principal be hired and funded through the project and assigned directly to my office. The project budget will actually be administered out of the office. We'll buy the time of the community relations principal on an hourly basis. I will have a man full time in the office hired by him, jointly responsible to us. We'll furnish him the secretarial service. We'll jointly administer the rest of the budget so we'll get our maximum dollar, we hope, of materials, and so forth, that we spend ASAP dollars for.

In school education we have a particular problem in terms of numbers of school districts; they're all hard pressed for funds; they're for financing their traditional training classes and driver education. We didn't feel that it was the right approach so we're subcontracting with Central Missouri College in Warrensburg, Missouri, which has a very excellent safety center. We're subcontracting with them to abandon the traditional approach, and we are asking that they develop a school program initially in two secondary schools in the area, in a peer group relationship involving parents, students, and so forth, and not in the traditional classroom; provide them the training aids, the visuals, teach them driver ed., and so forth. We couldn't touch driver ed because it is actually a voluntary paid program in the schools now.

Last, very briefly, the advisory council. We are creating, I think, a little bit different advisory committee or council. Kansas City had an ad hoc committee of basically staff people within the city and a few other outside agencies that developed the original proposal, we really didn't have a permanent advisory committee. A role of advisory committee in formulating the proposal was after the fact, so we have delayed it and very carefully tried to structure it. It's now in the Mayor's office. We will end up with an advisory council of approximately 30 people established by resolution of the city council. Within it, we will create an executive committee of seven. We have State officials, local officials, social agencies, people in the countermeasure fields, a State representative, a State senator, many people, to structure the advisory council into an actual community support, key man, liaison and public education group. We hope it will be very effective in terms of a legislative program also.

John Muir
New Hampshire

Our proposal was developed State-wide by the Program on Alcohol and Drug Abuse within the Department of Health.

Some of the things we are doing include a computerization of the State accident and violation files. This information will be fed into pre-sample screening, pre-license screening and also used in the evaluation program.

We plan, as an enforcement measure, to add 10 fully equipped State police. An interesting problem arose here in that our State police have no jurisdiction in any city or town with a population of above 3,000. We try to figure out how to overcome this and have come up with a solution whereby whenever we wish to go into a local jurisdiction, by prior agreement, the local police chief will assign a local policeman to each patrol car. This overcomes the jurisdiction problem. It also gives us an opportunity to train local police while we are in their jurisdictions. Rather than get into contracts on doing this, we have established a flat rate of payment for these overtime policemen. We will set up a certification system where the State policeman will certify that the local policeman did spend so many hours with him and set up a payment system so that through the Department of Safety or the State police they will pay these local policemen and in turn bill the ASAP program. The local police participation would be the equivalent cost of two State policemen. In other words, our original program was 12 State police, we ran into the local jurisdiction problem so we will cut it to 10 and use the local police jurisdictions in the State.

New Hampshire has just legalized, or authorized, breath testing and so we have a major law enforcement training project within the State to qualify breath-test operators. The Division of Public Health is charged with responsibility of licensing all breath test operators. We are currently developing a two-week curriculum to train a total of 210 law enforcement officers during the life of the program who will be certified to give the breath tests.

We will go into pre-sentence evaluations, have a medical review board to try and isolate problem drinkers. We plan forced referral to retraining where the medical review board feels that it is advisable, again working with NIMH on rehabilitation funds. We made applications to NIMH prior to the June 1 deadline.

One research project we're undertaking I look at as high risk, but if it works it's going to pay off. We are attempting to establish a predictive testing program, probably at the driver ed level, where—through testing—we hope to predict high risk drivers. The testing will be done on a two-county basis, watch these drivers, see if we can improve the tool. It's a pilot program, and assuming it's successful, we would probably go into a senior high school retraining program for those that indicate that they are potential high risk drivers. Briefly, those are the major countermeasures.

As far as problems go, because it is a State-wide program we are having problems in establishing our data collection points. We have dozens of local jurisdictions, various State departments, State labs, Bureau of Vital Statistics, many, many places where data is available. One of our major planning projects is to establish exactly what these data collection points are and how we're going to collect the data. The other problem is trying to anticipate problems in the coordination of the tremendous number of agencies involved in the tremendous levels of State agencies. We have county, city, town, and State agencies, and to tie the whole package together is one of our major objectives at this time.

The third problem area is selling the program to the population at large. Certainly, among the social drinking population this program is not popular and we have a major selling job to obtain community support. Through the public education activity, we hope to establish speaker bureaus, get into the service clubs, present programs, influence the thought leaders in the communities and get support behind this program. From an official standpoint we have good support. It's the man in the street that is not convinced that he wants extra police running around at night to pick him or his neighbor up because the police think he's DWI and, in many cases, that's two beers. So we have to re-educate people and gain community support for the program.

Moya Easterling
Phoenix, Arizona

We have a couple of unique points about our plan that I think are worth brief mention, at least. Many of you know, the Phoenix DWI school has received national publicity, and is considered an outstanding effort on the part of the city to try to re-educate people who have been convicted of DWI driving. However, this program has been going on since 1966 and we are now faced with the interesting experience of planning an evaluation of it.

At this point in history, as you can imagine, those who have worked very hard at it, and who are convinced by seeing some of the reactions that the program has great value, are going to be interested but sensitive about an evaluation program; so we are hoping that we can use empathy and understanding, good evaluation techniques and a great deal of cooperation in order to have this sort of thing go on in an orderly manner.

In addition, we feel that because there is a reasonably high percentage of Spanish-speaking people in the Phoenix community, there is a great need to have a Spanish-speaking DWI program. At the present time there is mention made at each of these sessions that the DWI school has operating (four 2-1/2 hour sessions once each week); and in this period of time the people are told there will be opportunities for a translator to help them with the questions that go on—the batteries of tests, the psychological testing and the comprehension testing that are all a part of this program. However, this is not considered by many of us who put this program together as being sufficiently in-depth to be a real learning experience for those people. So it is hoped that we will be able to develop, from our program, a Spanish-speaking DWI program which will be available then for other units throughout the United States where the problem exists, for example, San Antonio, New York City, and so forth. I believe all have high Spanish-speaking populations. We'll be interested to see how that comes along.

We're fortunate in that the State of Arizona is concentrating at the moment on an Arizona Health Planning program. The legislature feels confused. Each organization interested in alcohol and drug abuse has its own ax to grind and says that its program needs special funding. Therefore, there has been a special group commissioned with the idea of finding out exactly what services are offered. We're represented as an ASAP group on the committees so that not only has the head of our evaluation team, Dr. Young of ASU, already reported that many informational exchange bases are beginning to emanate from these meetings, but also we feel that there will be aids in definition of what community services are available. If you're not working with the same terms, you know, you're not playing the same ball game; and we feel that in order for this thing to be an ongoing, continuing sort of thing, every community agency interested in this problem must be drawn into the total picture.

We are, under our program, arranging for some additional enforcement; and one of the hopes that we have is that by providing our solo motorcycle officers, particularly, with the gas chromatograph in toximeters there will be an opportunity to have a turnaround time on arrest rates that will put more officer hours on the road simply because there won't be as much time taken in having to bring people into central stations or to briefing stations for breathalyzer tests.

We plan to have a public information specialist on staff, and then we will buy a comparatively limited number of the highly professional hours from a professional agency that will give us creative and innovative ideas that can work in with the national program.

Education is a problem in Arizona because driver education is no longer offered in the Phoenix public schools. Therefore, I was delighted to speak with Mr. Abercrombie who suggested that we should take a creative approach to that and realize that there are many other places where this sort of education can go on besides the health education course that I was looking at at this point in history; and he's right. School is really supposed to prepare you for life's problems, so there are no reasons why you can't introduce this sort of program into the biology, chemistry, social science courses; and therefore we're going to take an interested new look at that.

Presumptive limit by law is .15 in Arizona. Obviously, we need to do a lot of education in order to get that down to .10, which I would hope would be one of the goals.

George Courter

Oklahoma City, Oklahoma

It is rather difficult to find out what is different or new from some of the things that have been said, but we'll try and point out a few. As in Lincoln, we are a city department. We are the second largest city in land area in the United States. We encompass something like 649 square miles. We have no subsystem or precinct stations. As a result, it is possible to apprehend someone in the outer limits of the city and be 30 miles away from the main station. We touch on five different counties. We are part of four different counties. We have 17 jurisdictions that we either encompass or butt up to and six school districts. We have an interesting challenge in that, if for no other reason. We do have almost total cooperation, however, between all the jurisdictions including the state level. We are fortunate. We have a very close liaison with most State departments with which we are going to have to work.

In the juvenile division in our court system we have used a number of volunteers for probation and pre-sentencing purposes. We propose to continue this volunteer system in our pre-sentence investigation as far as ASAP is concerned. You can get any number of well-qualified people who are dedicated and who are capable of doing the job. In our juvenile division we have used a number of people from what is known as the Junior League in our city and I'm sure they have them in other cities. These gals are really with it and they are really cooperative. They are going to form the core group for our pre-sentence investigation and we have assurance from two or three other groups who will be able to branch out, which should help considerably in the judicial process.

The one thing which we are evidencing some concern about, in terms of the community as well as in terms of implementation of our program, is the rehabilitation section. We have not had a social agency or a health agency which has not been completely in accord with what we are trying to do, but they plead finances and staff as one of the drawbacks. It's relatively easy to accept this as a possibility. It's also relatively easy to accept the theory that we are going to turn up an awful lot more cases than they are conceivably going to be able to handle. How big a problem this is going to become, of course, only time can tell, but it's going to be very unfortunate if down the road we are able to identify the fact that we've got yellow fever but there is nothing we can do about it. This is one of the things we are going to have to watch as we move along.

We had one experience here rather recently which may be duplicated in other places. There is the case of making sure that you do your homework and also trying to cover all your bases. During the recent legislative session we lowered our presumptive level from .15 to .10 in the House, by a score of about 92 to 3. We saw no problems when it hit the Senate. We got through the Senate Judiciary Committee and the Senate Public Safety Committee with relatively little hang-up. Unfortunately, the Senator that presented our case on the floor, although he had been given all the materials in God's world, failed to do all his homework and he got shot down rather quickly by one of our very aggressive defense attorneys. It may be helpful, however, because there were a couple of sections in the statute which we were not too happy about. We may be able to strengthen it, and with the help of our agency people plus doing some more of our own homework, we hope we can come out. But you never know where the opposition is going to come from.

I don't know how much different we are from some of the other states but we are going to have a little trouble in the regulatory because in our state our registration bureau happens to be under the control of the department of taxation, which is very interested in increasing the tax revenue, and our licensing is under the department of public safety, so we have to work both sides of the street in order to get some degree of compatibility.

William Terwilliger
Baltimore, Maryland

In the greater Baltimore area ASAP, we feel we have a very good target area in that it is well defined by the Baltimore Beltway. We have primarily three enforcement jurisdictions, the State police on the beltway, and some of the other high speed highways in the area, Baltimore City Police and Baltimore County Police. We also have one other political jurisdiction there, part of Ann Arundel County. We have better than a million commuters each day into this city, so we have quite a large population.

The State court system in Maryland has gone to a totally State Court System. The judges will be appointed by the Governor. The new Chief Judge of the State has been briefed on the ASAP project, and is very enthusiastic to get his judges trained in the problem of the drinking driver. We anticipate doing this in a series of lunch hour conferences with the judges at their convenience. We are providing personnel within the court system to do presentence investigations and give recommendations to the judge. We are providing additional personnel for the Police Departments, additional equipment and so on. In personnel, we're not bringing in completely new people into the project area. We will provide replacements and we will get experienced officers, experienced supervisors in the highway safety area.

Many of the countermeasure areas are being supported by community contribution. In the educational television area, we're using the State ETV. They are contributing in personnel costs and so on, equipment costs in excess of $300,000 as their contribution towards this particular project. We are anticipating a two month training course for the personnel from the countermeasure areas coming into the project. This will be more or less, to get to know what the other folks are doing, get some specialized training in identification of the problem driver, the young alcoholic. The individual normally is not seen in the rehabilitation center for many years, but possibly through the identification from this project, we might be able to stop some of this. As a sidelight in the Division of Alcoholism Control, from which our project kind of shoots off, they've gone back 10 years and picked up 100 cards at random of people who originally were convicted of drunk driving, trying to trace them down, see where they are today, what their record has been, to see if there is any symptomatic indication of alcoholism at that time, to see if a drunk driving conviction is predictable to turn into a more serious problem as the years go by. We haven't gotten into it except for extracting the cards to start tracing these folks.

In the training area, we also put a requirement on personnel in the countermeasure areas to be available for two days a month for a combined conference, and a briefing session. We think that it's very important that all countermeasure areas are familiar with what the other areas are doing. We think that inter-communication within the project is very important, which brings up a point that I would like to see come out of this particular conference—that the new projects keep in touch with each other. If someone falls in a very dark pit, there shouldn't be any need for the rest of us to fall into the same pit. We're going to publish a bi-monthly newsletter type bulletin in our project, plus a bulletin whenever we think it's necessary. I would like to be able to send this to each of the projects in session now, and hope we will get the same type thing from you. Our project is placed within the State Department of Mental Health and Hygiene under the Department of Alcoholism Control. However, we are pretty much independent of them.

Regarding our expressed consent law, we're running about 50% of the people refusing to take the test. One piece of legislation we would like to get through, is to put a little more teeth in the expressed consent law. A person who refuses to take the test can have his license suspended up to 60 days. Sometimes this is a pretty good bargain; if he took the test he could lose it for two years. It's a gamble on his part, a 60 day suspension or a two year revocation. I think that the reason we are having as high a refusal rate to take the test is that the penalty for doing this is much less than what he could get if he were convicted.

Workshop Summary

W.Y. Howell

We have been exposed to a lot of the ideas and thinking by people in the alcohol highway safety area. You have noted that some points made were not always in agreement with others. We felt it desirable that there be rather free and frank discussion, not fettered by absolute dicta. However, you deserve to leave here with a statement of DOT policy and position within which we should all operate. You will notice that this statement leaves a degree of flexibility and maneuverability. I want to emphasize again that the Project Director in Phoenix, or Seattle, or Boston has—or had better gain fast—a clear understanding of the situation, milieu, and possibilities in his site. He can then operate—within the general guidelines here presented—so as to get the job done in his or her project.

There are no absolutes, for example:

We say that we are not embarked on a morality campaign nor are we seeking to change the basic social customs of Americans, but are trying to change attitudes about problem drinker-drivers and their major role in highway death, about driving after alcohol abuse, and so forth. However, we do make comments from time to time which do involve changes in basic social customs—looking with favor, for example, on the Scandinavian approach in which the appointed driver of a party would not drink or drink very little. We say that we are not after the great majority of Americans who drink and drive but whose drinking is responsible and in moderation; however, we always add in small print that since any drinking impairs driving ability, the optimum is not to drink at all before driving. We state that campaigns which say "don't drink and drive" have not done the job, but we do *not* say they have done no good—we do not know how much worse the situation would have been without such campaigns. We acknowledge the constructive work in the past by the NSC and others, but we do say that campaigns attacking the whole adult population possibly may do more harm than good by alienating support for measures to control the relatively small proportion who are deviant drinking drivers.

The primer is: Alcohol is involved in about half of all highway fatalities—vehicle and pedestrian. In the case of pedestrian deaths, three classes predominate—the very young, the very old, and the very drunk. There is some overlap in the last two categories. In the case of alcohol-involved vehicle deaths, the synthesis of research data shows that problem drinkers (both drivers *and* pedestrians) are responsible for about two-thirds, social drinkers about one-third. These are fatalities. The problem drinker-driver involvement tends to cluster at the serious crash end. With serious injuries, the proportion is not known but probably approaches that of fatalities.

We do not say that alcohol is involved in half of all accidents or that two-thirds of alcohol-involved crashes are caused by problem drinker-drivers. On DWI arrests, we tend to agree with Judge Mangum in his statement that of cases before his bench for DWI, about one-third are alcoholics, one-third social drinkers and one-third somewhere in between. In our category of problem drinker-drivers, we include those "somewhere in between."

Judge Mangum's observation points out two things—that the term problem drinker-driver includes the alcoholic, it is broader and includes another group, as large or larger, who are not clinical alcoholics. The second point is that in this range there is a continuum, or spectrum, not a strict dichotomy. We acknowledge that alcoholism is a disease, and that people with an alcohol problem are sick and need help. We encourage such help and we want to assist in channeling these people to programs where they get help. But we want them out from behind the wheel until they do get help.

We are concerned both with the drinking driver who kills himself and with his innocent victims. Our aim is to save lives and reduce the number, now hundreds of thousands, of those who are crippled or maimed. What's in it for the average American? Greater safety for himself and his family, protection of his children, and lower insurance premiums and indirect costs.

Highway crashes are the killers of the young (the leading cause from ages 2 — 36). Heart disease, cancer, stroke, and so forth, typically—though not always—strike the middle-aged or the elderly, but the highway is the scene where our children and young people are killed or maimed.

We are focusing our primary attention on the problem drinker-driver because of his disproportionate role. The heavy social drinker who drives drunk is just as dangerous—and in the case of the young driver probably more dangerous—than the problem drinker-driver with the same BAC. Thus, we are not ignoring the heavy social drinker or letting him off the hook. We think that public education, improved enforcement and the other programs will have a high degree of deterrence in keeping the heavy social drinker from driving when he is intoxicated.

Our responsibility encompasses death and injury (and to a lesser extent property damage) caused by drivers and pedestrians impaired by drugs. We hope to cut down pedestrian death and injury but our primary attention now is on the impaired driver. We are emphasizing alcohol because it is far and away the most widely used and abused drug in the highway picture—perhaps by a factor of 10 to one in relation to all other drugs combined. Hard drugs are a serious and growing problem in America but as yet are not a *major* highway safety problem. From a highway safety viewpoint, drugs other than alcohol which give most concern are amphetamines, barbiturates, and hallucinogens. We will pursue and intensify efforts to find more about these drug classes and their role in highway safety but there is no question that alcohol merits primary focus at this time.

The court system at present is a weak link in the chain, but in saying this we are careful to point out that many judges are doing an outstanding job and that the problem is one of quantity and workload vs. court resources available—NOT nonfeasance or malfeasance by the judicial.

Problem drinkers are both male and female, but the problem drinker-driver responsible for fatalities is apt to be a male because men do most of the driving under the situations and the hours concerned. Problem drinkers include young people—about half of fatally injured drivers with alcohol are under age 30. The identification of problem drinker-drivers is essentially empirical—whether in fact the person has had problems

208

caused by alcohol, such as previous arrests, absenteeism, other problems, and so forth—rather than primarily by physiological or psychological examinations (although the latter have a role). We beg the question as to what is an alcoholic by using the term problem drinker; a driver who has proved to be involved in problems relating to alcohol, whether or not he is a chronic alcoholic, a pre-alcoholic or an incipient alcoholic.

The purpose of the conference was structured primarily to give you background and information directly pertinent to your important and difficult jobs. I hope that some other thoughts have permeated through.

(1) The national alcohol countermeasures program is a broad one, encompassing efforts at the national level, at the state and local levels, and in ASAP sites. ASAPs are one of five or six major facets of the program. They are the most visible and involve most of the money, but we are very conscious that public education, statewide activities under Section 402, and other aspects are also of prime importance.

(2) The ASAPs are action programs rather than research programs. They represent translation of research into action. We are spending the taxpayers' money and they deserve to get value received. As Dr. Campbell pointed out, dollars which are spent for relatively non-productive aspects cost lives because there are fewer dollars and manpower available to apply to the aspects which *do* get results. Therefore, to apply the resources where they do the most good, we must evaluate very carefully to find out what results we are getting and to find out what works and what does not.

(3) The projects are viable and evolving. Aspects (and there will be some) which seemed good but do not work in practice should be dropped—and new steps which are proving out elsewhere should be incorporated.

The evaluation activities both at the national level and in each ASAP are intended to ensure that we know what works. We agree with Dr. Campbell that evaluation is part of action—without bookkeeping we don't know whether we have made a profit in the laundry. Evaluation is essential to our success.

There are two broad requirements: (1) Each ASAP must carry out an evaluation plan embodying a properly designed test of the effectiveness of the overall program and, to the extent possible, each countermeasure set within the project. The requirements for this evaluation activity are described in the ASAP Evaluation Manual. (2) Each ASAP will collect and forward to NHTSA headquarters certain management data which have been specified in Appendix H of the Project Directors Manual. These data will be used by the OAC to keep the NHTSA administrator, the secretary's office and the Congress informed of our progress.

The key man in the development of both of these requirements is the project evaluator. He is the man who has the expertise to develop a good test design, and to ensure that the data collected are meaningful and accurate. He should be the ASAP project director's right-hand man—developing management data to assist the director in working with each of the organizations participating in the program.

A wise director will include the evaluator in all significant staff meetings and count on him to provide regular briefings on the progress of countermeasure activities. Because of the closeness of the working relationships between the evaluator and the project director, this conference was planned for you both. We hope that having the opportunity to work together here, will prove beneficial for you. Having you both present has been very helpful to the OAC staff.

(4) The project director is not alone in his battle. There is considerable help available to him. You have heard some of the other efforts going on in parallel, such as

M. Wagner on legal and legislative, M. Punke on enforcement program, D. Fee on national public education program, Bill Foulis on liaison and synergistic, and Bob Roath on NIMH involvement, and so forth.

(5) In the last several months there has been a lot of talent focusing on this problem. We have sought to exploit the knowledge and wisdom of the best experts in the country. You have met some of them here, Dr. Campbell and Dr. Weisman, for example. However, there is certainly no monopoly of brains or ideas in D.C., or the federal government, or even in the community of experts. We plead for constructive and creative thinking by all of you.

Early in the program, we made the conscious decision that it would not be launched as a monolith dictated from D.C. down to the finest detail. Rather, we started with discussions with the governors' staffs, community groups, and activators all over the country to explain our concern with the role of alcohol in highway safety, the gross over-representation by the problem drinker-driver, and the evolving DOT program of IDA. We expressed Secretary Volpe's determination to do something about this major problem. We looked for involvement by communities, after discussions of the problem, and for them to tell us what they could and would do, rather than our telling them—within certain limitations and guidelines, of course.

(6) Certain problems at individual ASAP sites are unique but many problems are more or less common. I hope you have had an opportunity to hold discussions among yourselves and with our staff, not only at the formal meetings but over coffee, cocktails, the swimming pool, and in your room rap sessions. We are very conscious of the tremendous importance of communication between Washington, the regions, the governors' representatives, and the ASAPs. In particular, I am wide open and receptive to your ideas as to the best way to exchange ideas and information among the sites themselves.

(7) An ASAP is a cost-reimbursable contract, not a grant. As such, the federal CTM must be involved in every aspect up and down the line. In some instances you may feel that he is over-supervising or getting in your hair. We will watch this but I ask you to appreciate that in his role as CTM, *he* has a direct responsibility to the federal government. Just as there is a feeling by most of you competent and dedicated people that you should be given the resources and responsibility and left to do the job, there is a need for us to meet the responsibilities, requirements and pressures we have. I sincerely hope to maintain an "us" spirit rather than a "we" and "they," but a contract by its nature has two parties.

(8) Despite the key importance of the intangibles—motivation, dedication, community involvement, and so forth—the projects require money. Continued federal funding support requires annual congressional appropriations. This involves a long chain from my office to Jim Wilson to Doug Toms to the Secretary's staff (Planning and Budget), to OMB, to the House and Senate Public Works Committees, and to the Senate and House Appropriations Committees.

To get dollars out of the far end of this tunnel requires persuasion and proof to a bunch of hard-headed and no-nonsense people who are confronted with many meritorious requirements competing for a limited amount of money. Even though we are very early in the program, we are fast reaching a point where we cannot get by with talk about the problem and what we are going to do about it, but must start showing and proving what we *are* doing about it and what demonstrated *results* we are getting. If we can document significant life saving, my judgment is that we are out of the woods. We must at least establish good proxies, such as fewer hospital bed days, less alcohol on the road, less alcohol involvement in crashes.

(9) The program must rest on a bedrock of support. This sounds like a first grade truism, but think of it in all its aspects. We need support by the public; we need support by media and other opinion molders; we need support by state and local officials; and we need support by U.S. Senators and Representatives. We in the federal executive branch can only present our case to the President's Office and to the appropriate Congressional Committees. We will not seek direct support by the Senators and Congressmen from your areas.